Bundle Board of Directors - Part 1 30 July 2026

1 09:00 - Welcome and introductions
Tim Briggs, Interim Chair - for noting
260730 TB Part I Item 00 Agenda

2 09:05 - Patient story
Simmi Naidu, Chief Nurse and Director of Allied Professionals - for noting

3 09:25 - Apologies for absence
Tim Briggs, Interim Chair - for noting

4 Declarations of interest
Tim Briggs, Interim Chair - for noting
260730 TB Part I Item 04 Register of interests BoD v2.4

5 Minutes of the previous meeting
Tim Briggs, Interim Chair, for approval
260730 TB Part I Item 05 Minutes of Meeting in Public 260604 DRAFT

6 Matters arising and actions log
Tim Briggs, Interim Chair - for noting
260730 TB Part I Item 06 Action log

7 09:30 - Board assurance framework
Ben Westmancott, Interim Company Secretary - for noting
260730 TB Part I Item 07(i) BAF cover
260730 TB Part I Item 07(ii) BAF

8 09:35 - Chief Executive's Report
Peter Ridley, Chief Executive Officer - for noting
260730 TB Part I Item 08 CEO's report v3

9 09:45 - Oriel update
Jon Spencer, Chief Operating Officer - for noting
300726 TB Part I Item 09 Oriel Programme Summary July 2026

10 09:50 - Quality & Safety committee chair's report and terms of reference
Michael Marsh, Non-executive Director - for approval
260730 TB Part I Item 10(iii) QSC ToR 2026-27 (v1.0)
260730 TB Part I Item 10(i) QSC cover
260730 TB Part I Item 10(ii) QSC Summary report for (v0.1)

11 10:00 - Chief Nurse's Report
Simmi Naidu, Chief Nurse and Director of Allied Professionals - for assurance
260730 TB Part I Item 11 CNO quality report

12 10:05 - Guardian of safe working
Louisa Wickham, Chief Medical Officer - for assurance
300726 TB Part I Item 12 Guardian of Safe Working report

13 10:10 - People & culture committee chair's report
Aaron Rajan, Non-executive Director - for assurance
260730 TB Part I Item 13 PCC AAA report

14 10:20 - Freedom to Speak up annual report
Simmi Naidu - Chief nurse and director of allied professionals - for assurance
260730 TB Part I Item 14(i) FTSU annual report Q1-Q4 2025-26 FINAL v2

260730 TB Part I Item 14(ii) Appendix A - FTSU PROACTIVE ACTIVITY Q1
260730 TB Part I Item 14(iii) Appendix B - NHS Staff Survey Results 2025

15 10:25 - Gender pay gap annual report
Sue Steen, Chief people officer - for assurance
260730 TB Part I Item 15(i) GPG, WRES and WDES Report Rev2
260730 TB Part I Item 15(ii) Gender Pay Gap report 2025 V0.10
260730 TB Part I Item 15(iii) WRES and WDES data - 2026 v10

16 10:30 - Finance & Performance Committee Chair's Report
Elena Lokteva, Non-executive Director - for assurance
260730 TB Part I Item 16 FPC AAA report

17 10:40 - Finance Report
Arthur Vaughan, Chief Finance Officer - for noting
300726 TB Part I Item 17(i) 2026-27 Public Finance report - M3
300726 TB Part I Item 17(ii) 2026-27 Public Finance report - M3

18 10:45 - Integrated Performance Report
Executive Team - for assurance
260730 TB Part I Item 18(i) IPR cover sheet
260730 TB Part I Item 18(ii) Integrated Performance Report - June 2026
260730 TB Part I Item 18(iii) Integrated Monitoring Metrics - June 2026

19 Starred items
Tim Briggs, Interim Chair - for information only
20(i) 2026 Governance Schedule v1.6
260730 TB Part I Item 20(i) 2026 Governance Schedule cover
260730 TB Part I Item 19(ii) 2026 Governance Schedule v1.7

20 10:50 - Any other business
Tim Briggs, Interim Chair - for noting

21 10:55 - Questions from observers
Tim Briggs, Interim Chair - for noting

22 11:15 - Date of the next meeting: 24 September 2026

MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST
A MEETING OF THE BOARD OF DIRECTORS
To be held in public on Thursday 30 July 2026 at 09:00
In the Lecture Theatre, Education Centre, Ebenezer Street and MS Teams

No.	Item	Action	Paper	Lead	Mins
1.	Welcome	Note	Oral	TB	5
2.	Patient story	Note	Oral	SS	20
3.	Apologies for absence	Note	Oral	TB	5
4.	Declarations of interest	Note	Enclosed	TB	
5.	Minutes of the previous meeting	Approve	Enclosed	TB	
6.	Matters arising and action log	Note	Enclosed	TB	
7.	Board assurance framework	Note	Enclosed	BW	5
8.	Chief executive's report	Note	Enclosed	PR	10
9.	Oriel update				
	Quality				
10.	Quality & safety committee chair's report & terms of reference	Approve	Enclosed	MM	10
11.	Chief nurse's report	Assurance	Enclosed	SN	5
12.	Guardian of safe working	Note	Enclosed	LW	5
	People and Culture				
13.	People and culture committee chair's report	Assurance	Enclosed	AR	10
14.	Freedom to Speak up annual report	Assurance	Enclosed	SN	5
15.	Gender pay gap annual report	Assurance	Enclosed	SS	5
	Finance and Performance				
16.	Finance & Performance Committee chair's report	Assurance	Enclosed	EL	10
17.	Finance report	Assurance	Enclosed	AV	5
18.	Integrated performance report	Assurance	Enclosed	Exec team	5
19.	Starred items *(for discussion by exception only)* • *Governance schedule v1.6*	Note	Enclosed	BW	-
20.	Any other business	Note	Oral	TB	5
	11:05 Meeting close followed by questions from members of the public and governors				
	Date of next meeting –24 September 2026 at 9am				

Moorfields Eye Hospital NHS Foundation Trust

NHS

REGISTER OF INTERESTS – last updated July 26

(Board of Directors)

Name	Job Title	Interest declared	Last updated
Tim Briggs	Interim chair	Son is Director and Founder of Naitive Technologies Limited National director for clinical improvement & elective recovery, NHSE GIRFT and GIRFT chair Chair, Getting It Right First Time (RNOH Projects) Chair and national lead, Veterans Covenant Healthcare Alliance (VCHA) Honorary Colonel, 202 (Midlands) Field Hospital RAMC	17 March 2026
Peter Ridley	Chief executive	Sister works for CHKS which provides services to the NHS around data, analytics and insight. She holds client relationships with a number of NHS trusts Trustee of the Healthcare Financial Management Association (HFMA) Wife works for HFMA Trustee for Moorfields Eye Charity Director of UCL Partners Director of Moorfields Private West End Ltd	11 March 2026
Aaron Rajan	Non-executive director	Chief Digital Officer & VP Consumer Experience, Unilever PLC	13 March 2026
Adrian Morris	Non-executive director	General Counsel, Haleon PLC	11 March 2026
Andrew Dick	Non-executive director	Director, Institute of Ophthalmology, UCL President, European Association of Vision and Eye Research Foundation Chair and Professor, Ophthalmology, University of Bristol Consultancy, 4DT (not active) Consultancy, Abbvie (not active) Consultancy, Novartis (not active) Consultancy, Roche Consultancy, Hubble Tx (not active) Consultancy, Affybody (not active) Co-founder, stock option, Cirrus Therapeutics	17 March 2026
Asif Bhatti	Non-executive director	Group Director of Risk and Audit, Compass Group PLC Non-executive director at House of Lords	28 May 2026
David Hills	Non-executive director	Director of programme delivery, University of Cambridge	11 March 2026
Elena Lokteva	Non-executive director	Owner and director of Strategic Initiatives LTD Non-executive director, Essex Partnership University NHS Foundation Trust	4 June 2026

		Fractional CFO, Tera Sky LTD **Non-executive director, Technoenergy AG** **Non-executive director Ratnamani Finow Spooling Private Limited** **Board member of Agriculture and Horticulture Development Board** **Board member of Ebbsfleet Development Corporation**	
Ken Batty	**Non-executive director**	**Independent Chair of Nominations Committee, Royal College of Emergency Medicine** **Member of the Appointments Board, Nursing and Midwifery Council** **Council Member, Queen Mary University London** **Independent member of Mayoral Appointments Panel, GLC** **Vice Chair, Inner Circle Educational Trust** **Chair, Mosaic LGBT+ Young Persons Trust** **Vice Chair, Dr Frost Learning**	29 June 2026
Michael Marsh	**Non-executive director**	**Non-executive director and Vice Chair at University Hospitals Dorset, effective September 2025**	17 March 2026
Tracey McNeill	**Non-executive director**	**Nil**	1 June 2026
Arthur Vaughan	**Chief financial officer**	**Nothing to declare**	10 March 2026
Jon Spencer	**Chief operating officer**	**Trustee, Friends of Moorfields** **Director of Moorfields Private West End Ltd**	17 March 2026
Louisa Wickham	**Chief medical officer**	**Private practice, Moorfields Private** **Trustee, Moorfields Eye Charity** **National Clinical Director for Eye Care, NHS England** **Talks remunerated at <£1.5k**	10 March 2026
Simmi Naudi	**Chief nurse and director of AHPs**	**Nothing to declare**	11 March 2026
Sue Steen	**Chief people officer**	**Trustee, St Margarets Hospice** **Trustee, Victim Support UK**	10 March 2026
Non-voting directors			
Brendan Mahony	**Chief information officer**	**Nothing to declare**	10 March 2026
Dilani Siriwardena	**Director of clinical partnerships and deputy chief medical officer**	**Nothing to declare**	21 January 2026
Elena Bechberger	**Director of strategy & partnerships**	**Trustee, The Brain Tumour Charity**	10 March 2026
Ian Tombleson	**Director of quality & safety**	**Nothing to declare**	19 March 2026
Kieran McDaid	**Director of estates, capital and MP**	**Nothing to declare**	20 March 2026

Michèle Russell	**Joint director of education**	**Joint Director of Education UCL/Moorfields Eye Hospital** **Honorary Professor of Clinical Education New York University and Newcastle University (not active)**	21 March 2026
Victoria Moore	**Director of transformation & performance improvement**	**Nothing to declare**	12 March 2026

MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST
Minutes of the meeting of the Board of Directors held in public on 4 June 2026
Education Centre, Ebenezer Street, and via MS Teams

Board members:	Professor Tim Briggs (TB)	Interim chair
	Peter Ridley (PR)	Chief executive
	Asif Bhatti (AB)	Non-executive director (via MS Teams)
	Elena Lokteva (EL)	Non-executive director
	Adrian Morris (AM)	Non-executive director
	Andrew Dick (AD)	Non-executive director
	Aaron Rajan (AR)	Non-executive director
	David Hills (DH)	Non-executive director
	Tracey McNeill (TM)	Non-executive director
	Simmi Naidu (SN)	Chief nurse and director of AHPs
	Arthur Vaughan (AV)	Chief financial officer
	Jon Spencer (JS)	Chief operating officer
	Sue Steen (SS)	Chief people officer (via MS Teams)
	Louisa Wickham (LW)	Chief medical officer
In attendance:	Elena Bechberger (EB)	Director of strategy and partnerships
	Victoria Moore (VM)	Director of transformation & performance improvement
	Brendon Mahony (BM)	Chief information officer
	Ian Tombleson (IT)	Director of quality and safety (via MS Teams)
	Deepika Sandu (DS)	Staff nurse (item 2)
	Ben Westmancott (BW)	Interim company secretary
	Jennie Phillips (JP)	Deputy company secretary
	Lucinda Mettle (LM)	Executive assistant

Several staff, governors and members of the public observed the meeting in-person and online.
In the room: Emily Brothers, Rob Jones, Paul Murphy and Ian Humpreys.
Online: Vijay Arora, Naomi Owen (comms), Yasir Khan, Kimberley Jackson, Amit Arora, Robert Goldstein, Allan McCarthy, Dinesh Solanki, John Russell, Naga Subramanian, Ella Devereux (HSJ)

1. Welcome

The chair opened the meeting and welcomed all those present and in attendance. He particularly welcomed Tracey McNeill to her first board meeting as a non-executive director.

Introductions were completed.

2. Staff story

The chief nurse introduced staff nurse Deepika Sandu who shared her thought-provoking story of her journey from a nurse in India to the Uk where she entered the caring profession as a health care assistant. With the support and encouragement of colleagues at Moorfields, she was now working as a staff nurse leading a ward, having qualified in the UK. In response questions from the board, she stated that her biggest challenge had been the language test.

The board discussed ways in which it could be made easier for internationally educated health professionals to transfer to the UK.

The chair thanked Deepika for sharing her story.

3. Apologies for absence

Apologies were received from Michael Marsh, non-executive director.

4. Declaration of interest in relation to the agenda

There were no declarations made in relation to this meeting. The register of board members' interests was noted.

5. Minutes of the previous meeting

The minutes of the meeting held on 26 March 2026 were approved as an accurate record.

6. Matters arising and action log

Both actions (board assurance framework and paediatrics deep dive) had been completed.

7. Chief executive's report

The chief executive presented the report which covered:

- Year-end performance
- Recent data breach
- Oriel and Cai
- Workforce culture and leadership
- Colleagues in the United Arab Emirates
- Volunteers week

The chief executive took the opportunity to thank the c.350 people who regularly volunteered at the trust in a wide variety of ways for their valuable contribution. Board members were encouraged to visit the stall in the entrance lobby, celebrating our volunteers.

The board duly noted the report.

8. Quality & Safety Committee chair's report

In the absence of the chair of the quality and safety committee, the chief nurse introduced the report which, she observed, was in-line with her report. There were multiple items for assurance as set out in the report, including the successful outcome of the recent CQC IR(ME)R radiation safety inspection. Attention was drawn to the Bedford data migration issues leading to multiple data breaches (as covered in the chief executive's report).

The board duly noted the report.

9. Chief nurse's report

The chief nurse introduced her report which covered:

- Care quality commission compliance
- Well-led review
- Patient experience and feedback
- Risk and incident management
- Safety
- Patient safety incident response framework
- Infection control
- Information governance and
- Digital clinical safety.

Good progress was being made in most areas.

There had been two recent clinical incidents, one relating to a delayed MRI scan (other than a delay to treatment, no harm had occurred), and one never event where an incorrect inter ocular lens implant had been implanted. The learning from this was improved pre-assessment checks.

There had been two reportable endophthalmitis cases (no harm had come to patients). It was noted that endophthalmitis is very rare with a national rate of 0.2% and Moorfields was well below that rate.

Regarding the recent data breaches, there had been a good response, and no further action would be taken by the information commissioner's office. Compliance with information governance training was above the 90% target. This had been achieved through persistent reminders, setting aside dedicated time for mandatory and statutory training, and data cleansing. The goal now was to sustain the good levels of compliance.

The quality and safety committee had reviewed a digital clinical safety report for the first time, with early insights for benchmarking.,

The deep dive into paediatrics services had taken place in April and a follow-up would take place at the committee later in the year. The chair added that he had found the deep-dive very enlightening and a useful positive assurance.

The board duly noted the report.

10. Learning from deaths

The chief medical officer introduced the learning from deaths report. There had been one death in Q4 of 2025/26, of a patient who had died within 24 hours of discharge. A coroner had concluded that the death was attributable to natural causes.

The trust had received a complaint regarding a patient who required emergency admission to hospital the day after being reviewed as an outpatient in Moorfields' Private. An investigation was underway.

The board duly noted the report.

11. Guardian of safe working

The chief medical officer introduced the report which summarised progress in providing assurance that doctors were safely rostered, and their working hours were compliant with the 2016 terms and conditions of service (TCS) for doctors in training. The report encompassed the period from 16 September 2025 to 19 March 2026. During the period, 18 exception reports had been identified; however, none of these related to immediate safety issues.

There was an issue with clinics overrunning and training hours being increased to provide cover. There would be a review of whether there were specific clinics that regularly overran or whether it was evenly spread. ACTION: Louisa Wickham

It was noted that the trust appeared in the top three of trusts nationally for training satisfaction indicating that while there were breaches from time to time, overall, the training opportunities at Moorfields met with people's satisfaction.

The board duly noted the report.

12. People & Culture Committee chair's report

Aaron Rajan introduced the report from the recent committee meeting and stated that the committee was assured that good progress was being made with the development of the culture programme.

Areas that the committee would continue to focus on were reducing long term sickness absence (both looking at the staff and financial impact) and identifying hotspots; and on gender and ethnicity pay gaps.

There had been a suggestion that future meetings of the committee open with a staff story to enable the committee to deepen their assurances.

Concern had been expressed about the contract renewal for the learning management system and the need for continuity was emphasised.

It was important that staff used the rostering system to help ensure the right levels and staff mix for clinics and wards. Limitations to the current system were noted and it was important to make the system easier for staff to use.

The board noted that here were a lot of change initiative underway and a lot of pressures on staff. The board asked the committee to identify whether staff were in the right place for the significant changes underway including the new electronic patient record (MoorConnect) and new ways of working as readiness for the move into the new building in 2027.

The chief people officer stated that a new sickness reduction action group was being established to address the situation, noting that there was an increase across the NHS as a whole. Training was in place for managers although noted that there was low compliance with return-to-work interviews and the trust was not as responsive as it needed to be. It was important for the committee to look at hotspots across the organisation and identify was to address these.

The board duly noted the report and looked forward to further updates.

13. Annual EDI report

The chief people officer introduced the annual equality, diversity, and inclusion report for 2025. Over the year, Moorfields had made significant progress across its three EDI workstreams: leadership and culture, data-driven change, and fair opportunities for all, while advancing its transition toward a broader Cultural Improvement Programme that integrates EDI, values, and leadership development.

The board commented that while there was evidential progress in recruitment of people from a diverse range of backgrounds, this was less evident in progression, particularly in relation to ethnicity. The board challenged the executive to do more in this area. The concept of a shadow board was discussed, noting that progression was an issue across the NHS.

The chief executive added that there were a number of people across the organisation making an effort to improve the position, adding that it made a positive impact on patients. It was everyone's job to embed practices that actively included people, respecting the diversity of our population.

The board duly noted the annual equality diversity, and inclusion annual report and reiterated its commitment to making continued progress in this area.

14. Finance & Performance Committee chair's report

Elena Lokteva introduced the report from the finance and performance committee. The key points were that he month 12 financial position was favourable, adding that it was important to build on the progress in 2026/27 focusing on CIPs and rostering and productivity (particularly in theatre utilisation). There had been a good focus on referral to treatment times, and the committee would continue to seek assurances on this as well as 4-5 areas for productivity improvements.

The board noted the report.

15. Finance report

The chief finance officer introduced the month 12 finance report. He stated that the month 12 position was subject to audit; however, he reported a £6.6mn surplus (rising to £27mn when taking donations into account). Particular successes had been an increased in commercial income, run-rate reductions, and a reduction in bank and agency spend, the trust also had a good cash position. The capital programme was on target.

The month 1 position for 2026/27 showed a small deficit of £.3mn. he stated that block contracts had been agreed with nearly all the main ICB commissioners, and of the c£17mn cost improvement target, £9.5mn had been identified so far: the plan was to identify 90% of the target by August. The key risks to finance at this stage were strikes among the medical workforce, and the impact of geopolitics.

The board thanked the finance team for their work in ensuring good financial governance and duly noted the month 12 and the month 1 reports, noting that the former was subject to audit.

16. Integrated performance report

The chief operating officer and colleagues introduced the integrated performance report. The report has been refreshed for 2026/27 reporting, in line with a set of design principles agreed with the Board. The report has been updated to provide a more focused set of indicators, aligning with the domains of the NHS national oversight framework and reflect the indicators pertinent to Moorfields, as a specialist ophthalmology hospital and NHS trust.

During month 1, access to services remained broadly stable, with referral-to-treatment performance slightly exceeding the planned level. This reflected continued efforts to reduce waiting times and improve patient flow across pathways. The number of patients waiting the longest for treatment continued to fall, with only five patients waiting over 52 weeks, all due to specific clinical circumstances or personal choice. Work was ongoing to further reduce long waits through more targeted management of waiting lists, increased clinical activity in high-demand areas, and the validation of patient pathways.

The recent GIRFT (getting it right first time) event had shown a good impact on theatre utilisation through more consistent start times and reducing late cancellations.

The chair stated that Moorfields should be setting high standards for theatre utilisation, and eight operations per theatre session should be achieved. In discussion it was emphasised that medical leadership was the key; there were some areas where this needed to be strengthened and these were known and being addressed.

An area of focus in Q! and Q" was reducing DNAs It was known that part of the problem was vacancies in the call centre and ongoing recruitment was underway.

There were currently five patients waiting longer than 52 weeks to be seen and treated, the target was a maximum of two by year end.

The board noted the integrated performance reports and thanked the executive for their ongoing work.

17. Governance improvements

The interim company secretary introduced the paper which set out work that had been carried out in the past six months to improve governance across the board and its committees. This included changes to committee reporting, the board assurance framework, and a review of the committee effectiveness and a review against the well-led criteria.

The board discussed the changes and the likelihood that the forthcoming external governance reviews would provide additional insight and recommendations for further improvements.

The board agreed the well-led recommendations (subject to a review post receipt of the external governance reviews)

The board agreed the key themes emanating from the committee effectiveness review and committed to responding to them over the year.

The board approved the terms of reference of its committees as set out in annex 1 of the paper.

The board noted that any changes to these recommendations, necessitated by the external governance reviews, will be brought to the next board meeting by way of an update.

18. Governance schedule (starred item)

The board noted the governance schedule, noting that the committee memberships were being reviewed in light of new non-executive directors commencing in June.

19. Any other business

There was no other business to discuss.

20. Date of next meeting

The next meeting of the Board would take place on 30 July 2026 in the Education Centre, Ebeneezer Street.

The meeting was closed and, due to the confidential nature of topics to be discussed in part 2, the Board resolved to exclude members of the public, press, and governors.

Questions and answer session

Immediately following the closure of the part 1 board meeting there was a question-and-answer session with the board and governors/staff/members of the public. Topics discussed were:

- Pastoral support offered to new staff, particularly those joining from overseas.
- The monitoring of patient journey times
- Executive leadership and visibility across all trust sites

- Improvements to the integrated performance report.
- The delivery of the electronic patient record project
- Reducing DNAs even further.

The chair thanked everyone for their participation.

MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST

BOARD OF DIRECTORS ACTION LOG

Public Meeting 30 July 2026

No.	Date	Minute item	Item title	Action	By	Update	Open/ closed/due
10/03	05/10/25	8.	IPR	It was agreed to monitor the progress and achievement of the complaints recovery plan and report back to the board in six months' time	Chief Nurse	****dropped off actin log for March and May meetings so re added****	March 2026
11/01	27/11/25	12.	Request for action racism including antisemitism	The Board requested that agreed actions and feedback from staff re the Anti-Semitism Policy be presented to the Board to seek assurance that anti-racism initiatives are substantive and effective.	Chief People Officer	****dropped off actin log for March and May meetings so re added****	March 2026
26/02	04/06/26	11.	Guardian of safe working	There was an issue with clinics overrunning and training hours being increased to provide cover. There would be a review of whether there were specific clinics that regularly overran or whether it was evenly spread.	Chief Medical Officer		
26/03							

Cover Sheet	
Report title	Board Assurance Framework
Meeting	Board of Directors
Date	30 July 2026
Report from	Peter Ridley, Chief Executive
Prepared by	Ben Westmancott, Interim Company Secretary
Previous forum consideration	Board committees

Relevant strategic objectives	Working together	**X**	Discover	**X**	Develop	**X**	Deliver	**X**	Sustainability and Scale	**X**

Purpose of report	Assurance	**X**	Decision		Discussion	**X**	For information	

Executive Summary

The Board Assurance Framework (BAF) sets out the principal risks to the successful delivery of the Trust's strategy. These risks are aligned to the Trust's strategic objectives and reflect the Executive's assessment of the current strategic risk landscape.

The initial risk landscape was discussed with the Board at its strategy session on 23 April. Following that discussion, each principal risk has been further developed into the full BAF presented here.

Each risk entry describes the nature of the uncertainty, its potential impact over time, and the Board's agreed risk tolerance. It also sets out the key controls in place to mitigate risk, the sources of assurance available to the Board, and any identified gaps in controls or assurance, together with associated actions.

Risk tolerances have been established for each principal risk, aligned to the risk appetite statements considered by the Board on 23 April. The board delegated responsibility of overseeing entries to its committees and this version includes feedback from those meetings.

What the Board Is Being Asked to Do

The Board is asked to:

1. **Note the BAF entries and use the information within to inform questions and discussion of items on the board agenda.**

Quality implications

Effective identification and management of strategic risks supports the Trust in delivering safe, high-quality care and meeting its statutory duties. Quality considerations are integral to the BAF.

Financial implications

Effective management of strategic risks underpins the Trust's financial sustainability and the delivery of its objectives.

Risk implications

This report sets out the Trust's principal strategic risks and the associated assurance framework.

The **Board Assurance Framework** sets out the key risks to successfully realising our strategy. Our strategic objectives guide our work. The graphic below sets out the things we have said we'll do in 2022-2027 and the risks to success. Each subsequent entry in this BAF takes a key uncertainty in turn, and describes the level of uncertainty and impact over time alongside the risk tolerance. It also sets out the key controls to manage the uncertainty, the assurances that are received, along with gaps in both controls and assurances and further actions.

Risks to realising our strategy

1 Working together We will collaborate with one another as individuals, in our teams, with our patients and our partners

1A. If we do not improve the consistency and quality of leadership behaviours across the Trust, there is a risk that staff experience, team functioning and patient outcomes will not improve at the pace required to deliver our strategy

1B. If the organisation does not effectively prioritise and sequence work, and actively manage capacity during periods of change, there is a risk of staff overload leading to reduced wellbeing, increased absence and reduced organisational performance.

1C. If strategic partnerships are not actively managed to deliver measurable value, the organisation may fail to realise opportunities for innovation, research growth and improved patient care

2 Discover We will focus on setting the agenda, pioneering new pathways and treatments

2A. If research funding environment changes and access to funding becomes harder, opportunities to increase research activities leading to loss of reputation as a worldclass centre.

2B. Leadership and succession planning within research and innovation activities

3 Develop We will practically apply our discoveries and global best practice to benefit our patients, staff and the services we provide

3A If major programmes do not deliver to time or budget and benefits are not realised, opportunities to improve patient care will be reduced as reputational damage, and financial consequences.

3B. If we do not invest in new innovations, opportunities to exploit discoveries will reduce leading to loss of opportunities to improve patient outcomes and potential loss of income and market share.

4 Deliver We will consistently provide an excellent, globally recognised service

4A. Given the geopolitical position, increased likelihood of severe weather events, cyber threat, and supply chain risks, the likelihood of serious service disruption increases leading to negative impact on patient care.

4B If we do not have sufficient resources in place to effectively monitor the quality and safety of care, there is a risk that issues may not be identified promptly, which could adversely affect patient outcomes and experience. If the risk materialises there is likely to be regulatory intervention e.g. by the CQC and associated reputational damage.

5 Sustainably and at scale We will use our resources responsibly, safeguarding what we have for the next generation; and we will design our services so that more people can access excellent care

5A. If the Trust is unable to improve the financial sustainability of the services it provides, then we may not achieve our financial plans, adversely impacting our ability to deliver value for money, and improve the quality of services in the future.

5B: . If we do not respond to changes in the market then market share could be lost to competitors impacting out longer-term financial sustainability and our ability to deliver high quality care.

Cross-cutting risks

XA. If cyber criminals attempt to access and disrupt the trust's systems then our systems may be compromised leading to disruption in patient care, regulatory fines, and data breaches..

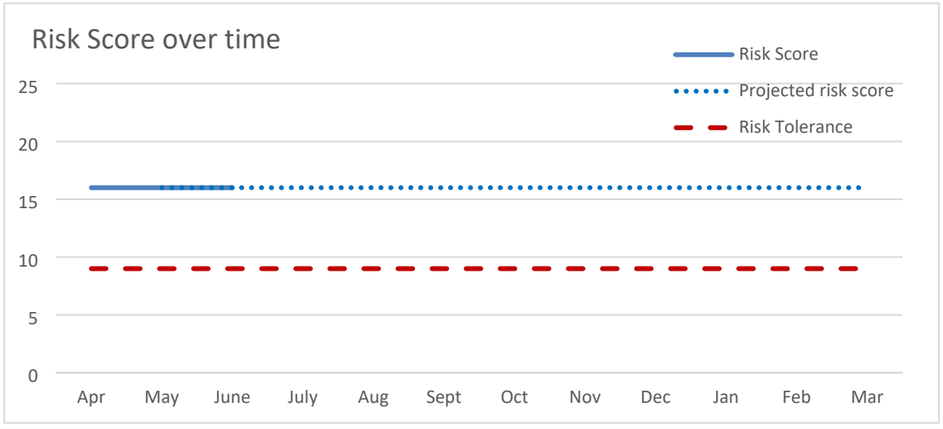
XB: If we do not handle receipt of the external reviews then we risk prolonging a period of disruption leading to attention being diverted from service delivery and patient care.

Risks mapped to lead executive and lead assurance committee (paraphrased)

Strat Obj	Ref	Risk	Lead exec	Lead committee
Working together	1A	Leadership and behaviours	CPO	People and Culture
	1B	Overload	CPO	People and Culture
	1C	Strategic partnerships	DofS&P	Discovery and Commercial
Discover	2A	Research funding	CMO	Discovery and Commercial
	2B	Leadership and succession planning in research	CMO	Discovery and Commercial
Develop	3A	Major programmes delivery	COO	Major Projects and Digital
	3B	Insufficient capital/investment to implement innovations	CFO	Major Projects and Digital
Deliver	4A	Business Continuity	COO	Quality and Safety
	4B	Quality governance and assurance	CNO	Quality and Safety
Sustainability and at scale	5A	Financial sustainability	CFO	Finance and Performance
	5B	Market changes	DofS&P	Discovery and Commercial
All	XA	Cyber	CIO	Major Projects and Digital
	XB	Governance and quality	CEO	Trust Board

Board Assurance Framework

ID	Risk	Opened	Date last reviewed	Lead Executive	Assurance Committee	Controls	Assurance	Gaps in controls	Gaps in assurance	Open Actions
Working together: Are we collaborating with one another as individuals, in our teams, with our patients and our partners?										
1A	**Leadership and behaviours:** If we do not improve the consistency and quality of leadership behaviours across the Trust, there is a risk that staff experience, team functioning and patient outcomes will not improve at the pace required to deliver our strategy.	3 February 2026	16 July 2026	Sue Steen	People and Culture Committee	• Culture priority workstream	• People performance metrics to PCC each quarter. • Integrated performance report. • Annual staff survey	• As the programme develops, controls will become more explicit.	• As the programme develops, assurances on initiatives will be presented to the people and culture committee for scrutiny.	• Culture diagnostic



Executive Assurance Commentary:

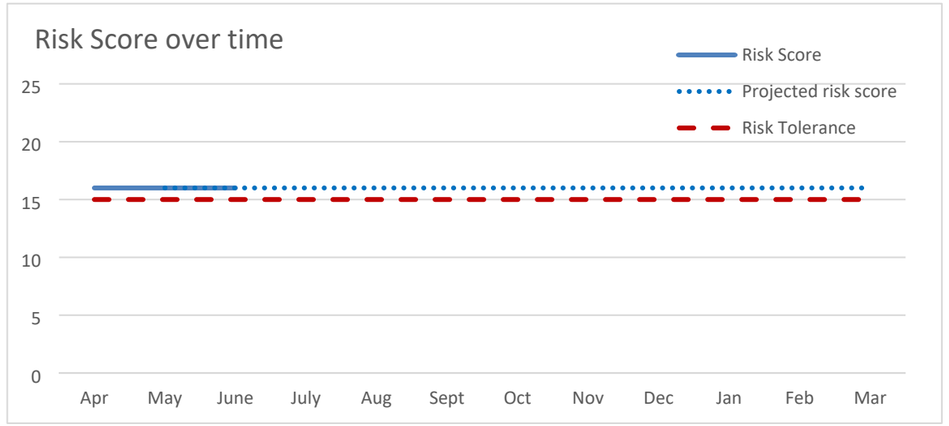
Risk score is likelihood 4 x impact of 4

The risk tolerance is suggested on the basis that the outcome affected is patient care and service quality (i.e. minimalist 6-9)

Assurance Committee's commentary:

The people and culture committee reviewed this entry on 16 July and received an assurance that the various workstreams focussing on behaviours and leadership were being brought together into an integrated programme with progress monitored by this committee.

ID	Risk	Opened	Date last reviewed	Lead Executive	Assurance Committee	Controls	Assurance	Gaps in controls	Gaps in assurance	Open Actions
Working together: Are we collaborating with one another as individuals, in our teams, with our patients and our partners?										
1B	**Overload:** If the organisation does not effectively prioritise and sequence work, and actively manage capacity during periods of change, there is a risk of staff overload leading to reduced wellbeing, increased absence and reduced organisational performance.	3 February 2026	16 July 2026	Sue Steen	People and Culture Committee	• Board agreed four priorities for the year. • Staff wellbeing interventions	• People performance metrics reported each quarter	• Need to ensure that these priorities cascade down through the organisation • Is there more we should be doing to support staff health and wellbeing?	• How do we get assurance that we are not introducing new risks by stopping doing things? • How do we measure progress against the four priorities?	• Continued communication to staff of the priorities and what they mean in the context of each team. • Reflect in reports the wider impact of long-term sickness including financial.



Executive Assurance Commentary:

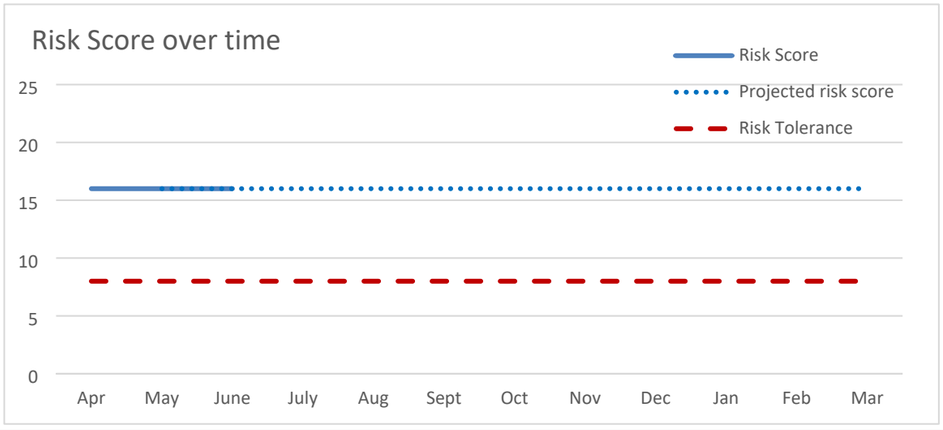
Risk score is likelihood 4 x impact of 4

Risk tolerance has been selected based on a risk appetite of ‘open’ with regard to workforce (15-16)

Assurance Committee’s commentary:

At the people and culture committee meeting on 16 July it was agreed that the BAF risk and the corporate risk would be looked at in order to ensure read-across as the scores were different.

ID	Risk	Opened	Date last reviewed	Lead Executive	Assurance Committee	Controls	Assurance	Gaps in controls	Gaps in assurance	Open Actions
Working together: Are we collaborating with one another as individuals, in our teams, with our patients and our partners?										
1C	**Strategic partnerships:** successfully delivering our strategic objectives relies on strong partnerships with organisations we collaborate with (primarily UCL). If strategic partnerships are not actively managed to deliver measurable value, the organisation may fail to realise opportunities for innovation, research growth and improved patient care.	23 April 2026	14 July 2026	Elena Bechberger	Discovery and Commercial	• Comprehensive partnership stock-take and prioritisation exercise, jointly with UCL IoO and MEC, to agree a clear framework for partnership management and targeted improvements and benefits	• Regular reporting on progress to Discovery & Commercial Board Sub-Committee	• There is the need for all organisations to continue to openly share relevant information and to use agreed channels for partnership management going forward		• Partnership stocktake and strategy to be presented to Discovery & Commercial Committee by Sep 26
						• New Oriel Partnership Steering Group established bringing together key stakeholders from MEH, UCL and MEC, to jointly pursue the key Oriel partnership benefits across innovation, research, education	• Regular reporting to Oriel Programme Board		• We need to agree ongoing management of joint strategy ambitions and partnership arrangements post project completion, including a vehicle for UCL-MEH Board to Board engagement	• Series of Oriel Partnership workshops taking place quarterly throughout 2026



Executive Assurance Commentary:

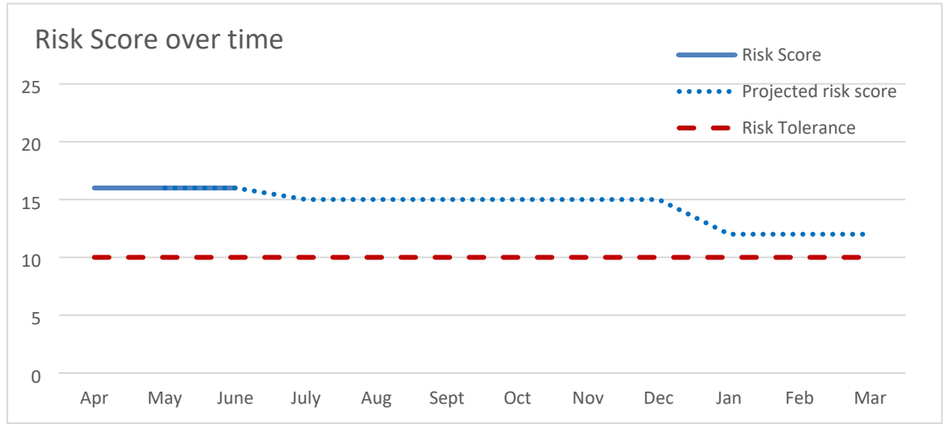
Risk score is likelihood 4 x impact of 4.

Risk tolerance has been set at 8 on the basis that the negative impact will be on patient care.

Assurance Committee's commentary:

The committee discussed strategic partnerships at its meeting on 14 July and no amendments were requested to this BAF entry.

ID	Risk	Opened	Date last reviewed	Lead Executive	Assurance Committee	Controls	Assurance	Gaps in controls	Gaps in assurance	Open Actions
Discover: Are we focusing on setting the agenda, pioneering new pathways and treatments?										
2A	**External environment – pace of adoption of new technology and patient impact.** If research funding environment changes and access to funding becomes harder, opportunities to increase research activities leading to loss of reputation as a worldclass centre.	3 February 2026	14 July2026	Louisa Wickham	Discovery and Commercial Committee	• Research governance arrangements in place.	• Reports to the discovery and commercial committee on research income and activity.	• Function leadership is in an interim phase while recruitment takes place.	• Additional required assurances to be discussed at the discovery and commercial committee.	• Recruit to director of research and innovation role. • Identify interim director of research and innovation • BRC application



Executive Assurance Commentary:

Risk score is likelihood 4 x impact of 4

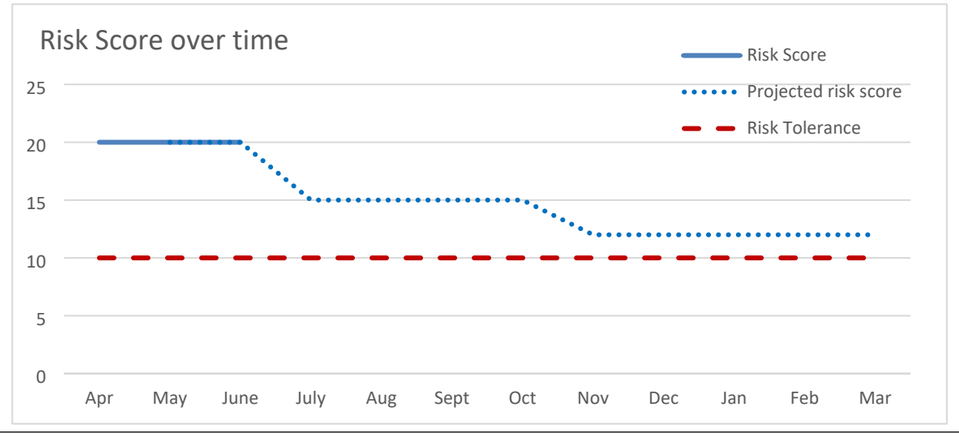
Risk tolerance has been set at 10 i.e. cautious risk appetite with respect to reputation.

Without a successful BRC funding bid we will be less able to retain our world-leading research position.

Assurance Committee's commentary:

tt the committee meeting in July the committee reviewed the draft BRC bid which covers a significant part of research income. Objectives are being developed in an iterative way. The committee concurred with this BAF entry.

ID	Risk	Opened	Date last reviewed	Lead Executive	Assurance Committee	Controls	Assurance	Gaps in controls	Gaps in assurance	Open Actions
Discover: Are we focusing on setting the agenda, pioneering new pathways and treatments?										
2B	**Leadership and succession planning within research and innovation activities:** if we don't restructure and recruit it will potentially undermine research and innovation governance processes with potential impact on the success with external grants and awards, and lack of clarity for researchers thus undermining our reputation as a world-class centre for research.	3 February 2026	14 July 2026	Louisa Wickham	Discovery and Commercial Committee	• New structure for research leadership described and agreed	• Updates to the discovery and commercial committee	• Vacancy for Director of Discovery/Director of Research and Innovation. • Insufficient succession plan for BRC leadership • Other gaps in medical leadership posts in research and innovation	• The DCC will receive an update on progress with the recruitment process at its meeting on 14 July. This will include update on agreeing objectives for new potholders and the directorate.	• Interview for interim director of research and innovation 1 June. • Permanent recruitment live for the director of research and innovation and co-director of Biomedical Research Centre post (closing date 29 May). • Job descriptions for all vacant posts updated, internal expressions of interest to follow. • Leadership of BRC to be discussed and to be confirmed. • Roles for fellows in the research and development leadership structure designed to enable progression.



Executive Assurance Commentary:

Risk score is likelihood 4 x impact of 5

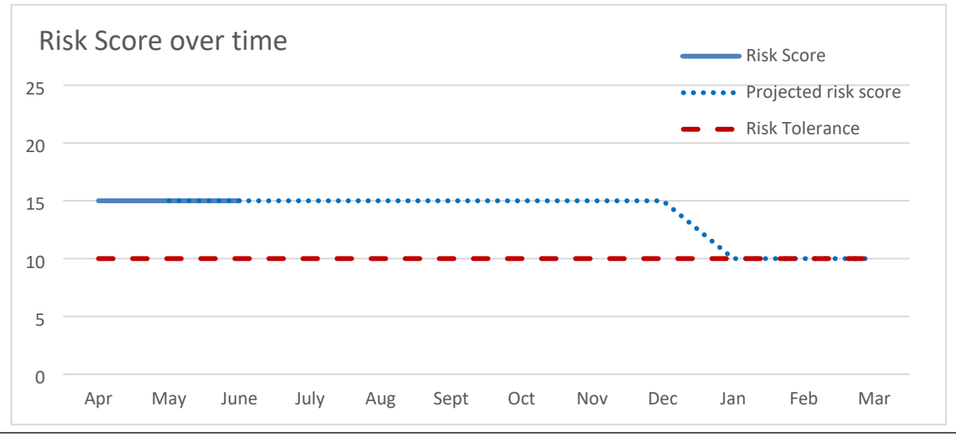
Risk score predicted to drop once an interim director in post and further drop once a permanent appointment has been made.

The risk appetite is based on a cautious/open appetite for reputational risk.

Assurance Committee's commentary:

The committee noted on 14 July that second round interviews for the new director were due to take place later in July.

ID	Risk	Opened	Date last reviewed	Lead Executive	Assurance Committee	Controls	Assurance	Gaps in controls	Gaps in assurance	Open Actions
Develop: Are we practically applying our discoveries and global best practice to benefit our patients, staff and the services we provide?										
3A	**Major programmes delivery:** If major programmes do not deliver to time or budget and benefits are not realised, opportunities to improve patient care will be reduced as reputational damage, and financial consequences.	3 February 2026	23 June 2026	Jon Spencer	Major projects and Digital Committee	• Oriel programme management and governance	• Update reports to the Plan Delivery Group and Major Projects and Digital Committee • New Hospital Programme assurance process	• There is an ongoing risk relating to the collapse of CAI (building safety inspector for the new centre).	• The regulator has triaged our submission to them and confirmed that we can restart notifiable building works on site.	• Ongoing engagement with the regulator to support their approval of our remaining notifiable building works on site.
						• EPR programme management and governance	• Update reports to the Plan Delivery Group and Major Projects and Digital Committee • NHSE assurance process	• There are red rated risks for the programme which are highlighted in the update report for these groups / committees.	• After action reviews are required to learn from the recent IT system upgrades and detailed planning is required to determine the earliest date that the EPR can safely go live.	• Carry out after action reviews on the IT upgrades / bring a proposal forward which recommends when the EPR should go live.
						• City Road migration project management and governance	• Update reports to the Plan Delivery Group and Major Projects and Digital Committee	• There is a need to assess whether this project can be enabled fast enough to support the requirements of the Oriel and EPR go lives.	• When the contract with the new provider is in place then there is a need to finalise the interdependencies between this project and the Oriel / EPR programmes.	• Finalise the contract with the new provider and assess the interdependencies with the Oriel / EPR programmes.



Executive Assurance Commentary:

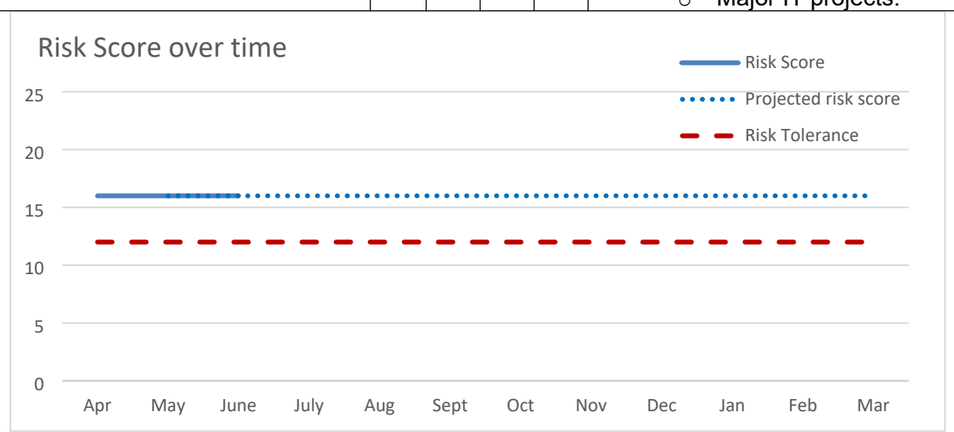
Risk score is likelihood 3 x impact of 5

Towards the end of the year the risk will be reduced due to progress with implementing EPR and the further progress with Oriel.

Assurance Committee's commentary:

The committee noted, at its meeting on 17 July, that there would be a delay in the delivery of the MoorConnect programme. This entry will be reviewed in light of that.

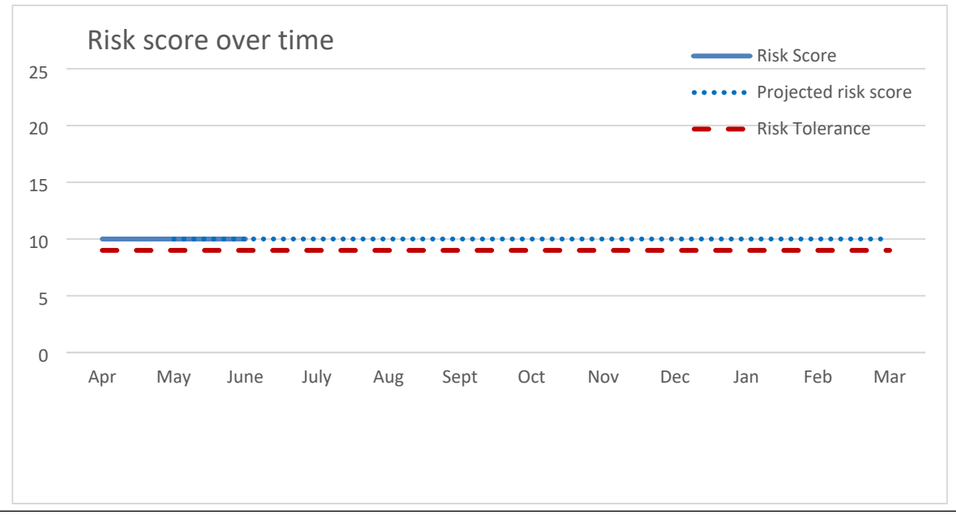
ID	Risk	Opened	Date last reviewed	Lead Executive	Assurance Committee	Controls	Assurance	Gaps in controls	Gaps in assurance	Open Actions
Develop: Are we practically applying our discoveries and global best practice to benefit our patients, staff and the services we provide?										
3B	**Insufficient capital/investment to implement innovations:** If we do not invest in new innovations, opportunities to exploit discoveries will reduce leading to loss of opportunities to improve patient outcomes and potential loss of income and market share.	3 February 2026	14 July 2026	Arthur Vaughan	Major projects and digital committee	Capital Planning and Oversight Committee: • reviews and approves the Trust's annual and three-year capital expenditure plans prepared by the Chief Operating Officer and Chief Finance Officer for authorisation by the Trust Main Board (TMB) and submission to NHSE. • Establishes the overall methodology, processes and controls which govern the Trust's annual capital expenditure and projects and to evaluate, scrutinise and monitor all capital expenditure projects. • Reviews and monitors progress against the Trust Major Capital Projects including: - o Oriel construction (formally monitored via Oriel programme) o EPR Programme (Also reported via EPR Finance Sub-group) o IT City Road Migration Project (formally monitored via IT Programme Board) o Major IT projects.	• Prioritised Plan monitored by Finance and Performance Committee	• Capital and cash constrained – impact on ability to invest fully into satellite sites and technology required to fully unlock operational productivity in short term (EPR and Oriel).	• Updated Prioritised Plan	• Prioritised Plan to come to July Finance and Performance Committee



Executive Assurance Commentary:
The risk affects our ability to reduce risks associated with our estate, invest in our estate, and invest in technology and innovation. The risk tolerance relates to cyber, satellite estates and digital innovation. A digital strategy will help prioritise investment and this will follow the refresh of the trust's overall strategy.

Assurance Committee's commentary:
The Major Projects Committee reviewed the risk at its meeting on 8 July 2026 and concurred with the risk wording.

ID	Risk	Opened	Date last reviewed	Lead Executive	Assurance Committee	Controls	Assurance	Gaps in controls	Gaps in assurance	Open Actions
Deliver: Are we consistently providing an excellent, globally recognised service?										
4A	**Service disruption and business continuity.** Given the geopolitical position, increased likelihood of severe weather events, cyber threat, and supply chain risks, the likelihood of serious service disruption increases leading to negative impact on patient care.	3 February 2026	23 June 2026	Jon Spencer	Quality and safety committee	• Business Continuity Plan.	• EPRR assurance from NHSE.	There is an increasing threat of a cyber attack and the Trust's current business continuity plans may not be suitable to support the two major programmes (EPR and Oriel) when they go live.	Need to assess our readiness to defend against the developing cyber threat and to update business continuity plans to take account of the major programmes.	Discussion to take place at the finance and performance committee on any further actions that could/should be taken and on any further assurances that might be required.



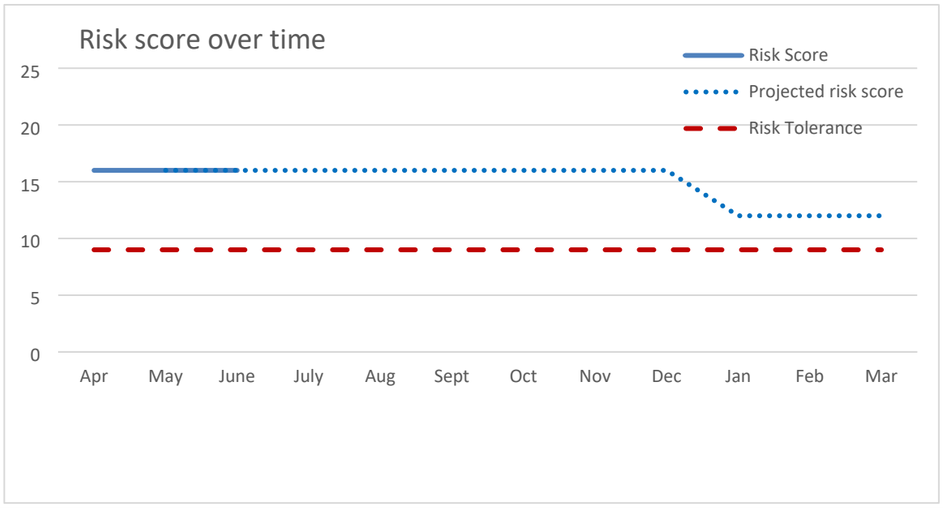
Executive Assurance Commentary:
The risk has been scored at likelihood 3, impact 4. That is, there is a medium likelihood of significant disruption to patient care.

The tolerance has been set at 9, the upper end of our appetite for risk relating to patient care on the basis that there are events outside our control and even with green rated business continuity plans in place, we cannot control the external environment.

Assurance Committee's commentary:

The quality and safety to review this at their meeting on 21 July.

ID	Risk	Opened	Date last reviewed	Lead Executive	Assurance Committee	Controls	Assurance	Gaps in controls	Gaps in assurance	Open Actions
Deliver: Are we consistently providing an excellent, globally recognised service?										
4B	**Quality governance and assurance:** If we do not have sufficient resources in place to effectively monitor the quality and safety of care, there is a risk that issues may not be identified promptly, which could adversely affect patient outcomes and experience. If the risk materialises there is likely to be regulatory intervention e.g. by the CQC and associated reputational damage.	3 February 2026	26 May 2026	Simmi Naidu	Quality and safety committee	• PSIRF • FFT and complaints • Internal IPR reporting. • National KPIs. • Internal processes and systems within the quality assurance framework. • Audits and clinical effectiveness • Policies and guidelines and SOPs. • Escalation frameworks. • Local governance arrangements/meetings at Divisional level. • Information governance controls and training.	• Trust-wide governance reporting through committees and the board. • Clinical walkarounds by executives. • Patient participation experience committee (reports into clinical governance committee).	• Lack of consistently applying the process of learning from never events and incidents of harm. • Internal planned peer reviews and quality deep dives. • Increasing the independence of assurances that our service are delivering high quality, effective and safe care. • We need to embed quality improvement to create a culture that is continuously learning and improving.	• We do not have a consistent and thorough way of providing and testing assurance of digital clinical safety.	• Clinical visibility framework. • Quality assurance committee (every 2 months); mix of peer reviews and deep dives. • Create a digital framework that allows for planning, testing, and wider understanding of clinical risks linked to upgrades and new programmes. • Youth forum recently launched to test ideas, planning and design of services. • Setting up London-wide children's and young people's ophthalmology clinical network. (With plans to extend this nationally for adults and children).



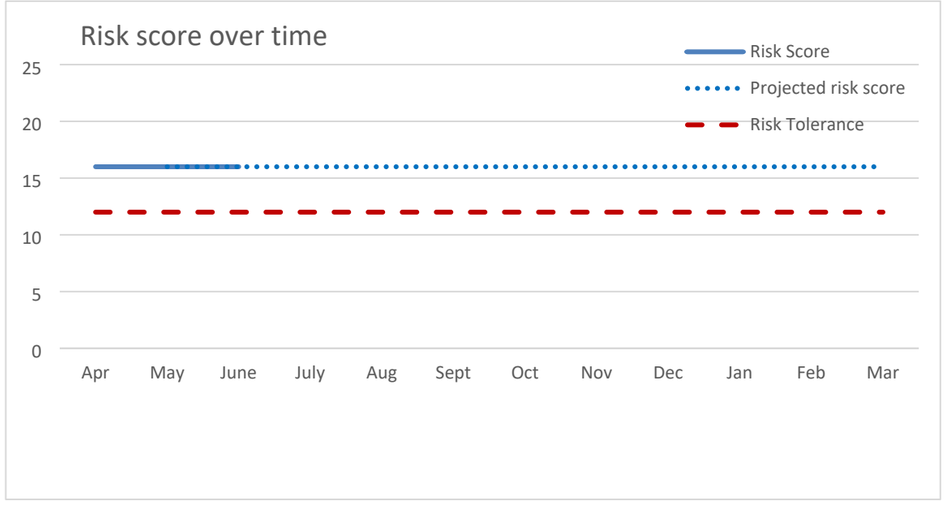
Executive Assurance Commentary:
Quality and safety governance is in a good place overall. However, recognising and in line with our strategic ambition our processes need strengthening and in some areas, resetting. In line with our evolving digital journey, we are now working to embed robust safety processes to safeguard clinical systems and patients.

This would put us in a strong position from an information governance perspective whilst also providing the opportunity to enable patients to have access to their clinical records and increasing ownership of their care. Our ambition is to collaborate at both local and national levels to bring clinical expertise together to progress care from a quality and safety perspective.

Assurance Committee's commentary:

After reviewing the entry at its meeting on 21 July, the Quality and Safety Committee to add commentary on the degree to which they concur with the executive assurance comments and any other points they think they board should be aware of.

ID	Risk	Opened	Date last reviewed	Lead Executive	Assurance Committee	Controls	Assurance	Gaps in controls	Gaps in assurance	Open Actions
Sustainability and at scale: Are we using our resources responsibly, safeguarding what we have for the next generation; and are we designing our services so more people can access excellent care?										
5A	**Financial sustainability** If the Trust is unable to improve the financial sustainability of the services it provides, then we may not achieve our financial plans, adversely impacting our ability to deliver value for money, and improve the quality of services in the future	3 February 2026	15 July 2026	Arthur Vaughan	Finance and Performance committee	• Annual integrated activity financial plan • Capital prioritisation process • Key financial system controls framework • Business Case Review Group. Board committee review of business cases >£1m • Monthly Financial performance review meetings – for sites and corporate departments. • Vacancy/Pay controls process reviewed/updated incl. temporary staffing controls • Transformation programmes in place to support efficiency and productivity • Budget holder training • Engagement with ICS partners to support SEL system financial planning. • Efficiency and Transformation Board governance in place • Scheme of Delegation and Standing Financial Instructions (SFIs) • Monthly review of Oriel and EPR project progress • Planning gateway process in place for sites and corporate departments.	• **Positive** • Monthly Financial performance reporting – TEC, F&C & Board • 2025/26 CIP delivery oversight embedded and reviewed monthly by executive and bi monthly at Board. • 2025/26 External Audit Opinion unqualified • Financial performance reporting – including monthly forecasting, site analysis and risk update. • Internal Audit reports on key financial controls • Long-term financial model in place aligned to 5 year planning and Oriel FBC. • 3 operational year plan developed for 2026/27 to 2028/29. • Major projects oversight of EPR and Orial Projects • 2025/26 Head of Internal Audit Opinion • **Negative** • 2026/27 CIP not fully identified.	• Procurement Strategy • Operational and Financial Benchmarking using Model Hospital and NCC Collection.	• None Identified	• Updated procurement Strategy by November 2026. • Internal benchmarking tool by December 2026



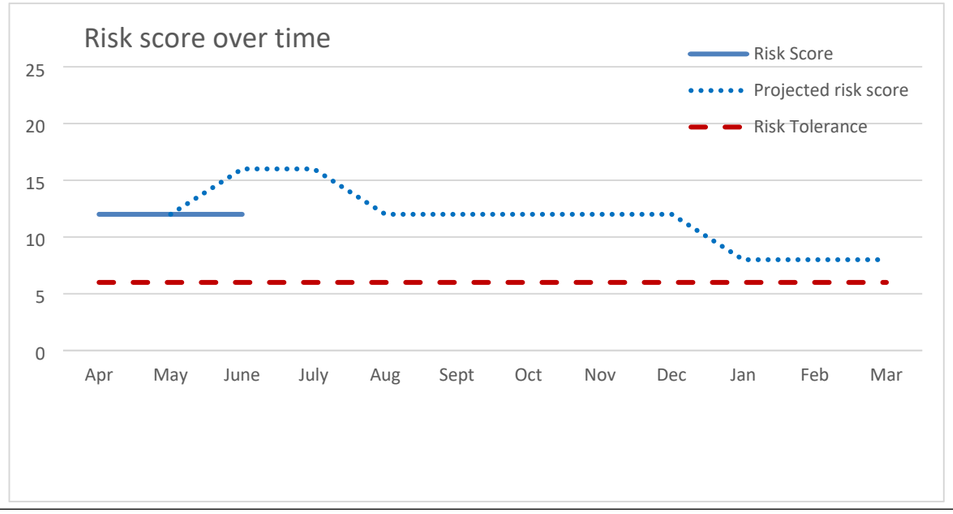
Executive Assurance Commentary:

As long as the trust delivers its cost improvement programme early in the year, projections indicate we will continue to be financially stable. Reducing recurrent costs is important for the successful realisation of the medium-term financial plan.

Assurance Committee's commentary:

The finance and performance committee has agreed a balanced financial plan for the year and continues to monitor progress against it. At the meeting on 13 July the committee asked the executive to consider describing the risk profile over a three-year period rather than 12 months as it is about longer-term financial sustainability rather than achievement of annual targets. Quarterly or 6-monthly updates were also being considered as opposed to monthly.

ID	Risk	Opened	Date last reviewed	Lead Executive	Assurance Committee	Controls	Assurance	Gaps in controls	Gaps in assurance	Open Actions
Impacts on all strategic objectives										
XB	**External reviews:** If we do not handle receipt of the external reviews well then we risk prolonging a period of disruption leading to attention being diverted from service delivery and patient care.	3 February 2026	3 July 2026	Peter Ridley	Trust Board	• Governor led governance structure in place via the governors review group. • Independent advice to governors in place.	• Once the governors review group have received the reports and instructed the board to take action we will be able to describe assurances	• None identified in relation to receipt of the reports.	• We do not yet know what will be in the reports.	• We are strengthening governance mechanisms and will further refine them once we know the recommendations in the reports.



Executive Assurance Commentary:

There is medium likelihood (3) that there will be significant disruption (4)

The projected risk profile is based on the likelihood increasing for a period after the reports are received. It is envisaged that once any recommendations in the reports and from the governors are acted on, the risk of disruption to patient care will reduce. It is likely that the reports will be reviewed in July (previously June).

The risk tolerance has been set at 6, the lower end of the risk appetite range for impact on patient care.

Assurance Committee's commentary:

At the board strategy session on 23 April the board agreed that this risk should be overseen by the chief executive. Assurances would go direct to the board with ongoing assurance on delivery against the governance improvement plan to be reported to relevant committees, coming together as one assurance to the board.

Cover Sheet	
Report title	Chief Executive's report to the Trust Board
Meeting	Board of Directors
Date	30 July 2026
Report from	Peter Ridley, Chief Executive
Prepared by	Ben Westmancott, Interim Company Secretary
Previous forum consideration	N/A

Relevant strategic objectives	Working together	**X**	Discover	**X**	Develop	**X**	Deliver	**X**	Sustainability and Scale	**X**

Purpose of report	Assurance		Decision		Discussion	**X**	For information	**X**

OVERVIEW

Since the previous report, the Trust has continued to make progress across its core priorities, with a sustained focus on operational delivery, quality of care and readiness for major strategic change. Inline with the work we have done on priorities we are focussed on ensuring that our transformation programmes are effectively delivered and translate into tangible improvements for patients and staff, while maintaining strong day-to-day performance.

Performance and operational delivery
The Trust continues to perform strongly against key operational standards, maintaining its position as a leading specialist provider. While demand remains high and elective care pressures persist, the organisation has demonstrated resilience in managing activity levels and maintaining timely access for patients.

Oriel and Service Transformation
The Oriel programme is moving forward, supported by good interactions with the Building Safety Regulator and our partners. A series of workshops between Moorfields and University College London are taking place to work through these practicalities e.g. clinical risk management, people related practicalities, and policy development.

MoorConnect and digital enablement
The MoorConnect programme continues to progress. We have a number of inter-dependencies within the programme, and we are currently reviewing the remaining programme. As part of this we are bolstering our independent assurance of the programme in order to maintain a safe transition.

Independent reviews
The independent reviews commissioned by the Membership Council following receipt of a letter from the Chair of Consultant Staff Committee, on behalf of consultants, are ongoing. It is however anticipated that these reviews are almost complete with the reports expected in

the near term. The outcomes of these reviews will be reported to Membership Council and Board.

Research and Innovation

We are in the process of recruiting to the position of Director of Research and Innovation. This will strengthen the leadership of our activities in a diverse range of exciting research opportunities.

Appraisals

At 14 July, 44% of staff had completed their annual appraisal. The target is 80% by the end of July. The executive and managers understand the importance and value of timely and effective appraisals and we are taking steps to improve performance.

Nursing band 5 job evaluation

NHS England asked all providers to review band 5 nursing roles. Roles have been evaluated. The national programme agreed to deliver a fairer deal for nurses, agreed between Government and the Royal College of Nursing in February 2026, requires all Trusts to review all Band 5 nursing job descriptions, ensure every nurse is in the correct band, prioritise graduate pay, and implement a single national preceptorship framework.

All NHS organisations are required to submit a delivery plan by 31 July 2026, demonstrating a realistic and achievable approach to completing reviews by October 2028. Boards are expected to ensure robust governance arrangements are in place, including clear delivery plans, strong partnership working with staff-side representatives, and effective engagement with Band 5 nurses. Importantly, all postholders must have the opportunity to confirm whether their JD accurately reflects their duties, with discrepancies addressed through established JE processes.

At Moorfields, progress to date has focused on identifying groups—particularly Band 5 nurses regularly undertaking “in charge” responsibilities—whose roles may warrant review. Planned staff focus groups will further validate whether revised Band 5 JDs accurately reflect current practice.

Cyber security risk

Our Chief Information Officer has led a deep dive into our cyber security arrangements. A detailed assurance was provided to the Major Projects and Digital committee. Cyber risk is on our board assurance framework and the detail of this will be presented to the part 2 board meeting. As well as being a timely review, NHS England has asked all NHS organisations to review their cyber security risks and ensure that plans in response to identified risk are properly scrutinised. The key to this is our completion of the data security and protection toolkit. From September 2026, we expect NHS England to issue new policies to support strengthening cyber security in the NHS. In addition, the data security and protection toolkit requirements will be strengthened every year from now until 2030, requiring incremental progress.

NATIONAL UPDATES

NHS Modernisation Bill

The 10-year plan for the NHS proposed the abolition of the Foundation Trust Governor model, on the understanding that NHS systems would get better at hearing and acting on public and patient voice/experience. The NHS Modernisation Bill is the legislation that is to effect this change, currently going through parliament. While we do not yet know the outcome of this process (and representations are being made, for example by the National Lead Governors Association to retain the governor model), it is prudent for us to work with our current Membership Council to develop our mechanisms for incorporating public and patient views into our decision making. Earlier this month the National Quality Strategy gave further emphasis to "Listening to and working with people and communities on what matters to them" and signalled the further development of patient outcome and experience measures (PROMS and PREMS). Moorfields engages widely with patients and carers through various forums and programmes, and a pertinent current example is our work as a pilot site for the Royal National Institute of Blind People (RNIB) to develop PROMs and PREMs measures for patients requiring eye care services.

The Strategy and Partnerships team is meeting with Membership Council representatives in September to review our current structures and processes, and what might usefully be taken forward to ensure that there are effective channels for patients, carers, staff, stakeholders and the public to inform, shape and co-design our work. We will also review how we might improve Board data to more comprehensively reflect user outcomes and experiences of Moorfields services.

Maternity reviews

Over the past six weeks, maternity services have been the subject of significant national scrutiny following the publication of Donna Ockenden’s final review of maternity services at Nottingham University Hospitals NHS Trust (24 June 2026) and Baroness Amos’ Independent Investigation into Maternity and Neonatal Services in England (30 June 2026).

Both reviews identified recurring themes seen across previous maternity investigations, including failures to listen to women and families, unacceptable variations in the quality and safety of care, workforce pressures, inadequate capacity, poor organisational culture, and weaknesses in accountability and learning systems. The reports emphasise the need for a sustained focus on safety, compassionate and personalised care, stronger leadership, improved staff support and a more transparent approach to responding when care falls below expected standards.

In response, NHS England has issued a national 10 Point Plan and is requiring systems and providers to prioritise rapid improvement actions, with a renewed emphasis on learning, culture, workforce investment and patient voice.

While Moorfields does not provide maternity services, the findings serve as an important reminder of the need across all NHS organisations to foster cultures where patients are heard, concerns are acted upon promptly, staff feel able to speak up, and quality and safety remain the central focus of organisational leadership and governance. We will continue to review the outputs of these reports to ensure we take more general learning.

Mortuary services review

Following the publication of the Nottingham maternity review findings on post-death care and key actions required following the Fuller Inquiry, all NHS providers have been asked to consider the learning from the findings to ensure the care is delivered with dignity, respect, and compassion at every stage including after death. The quality and safety team are revieing the findings and any learnings will be brought to the executives for consideration of any actions.

Minimum standards of patient experience for planned care

NHS England has recently published minimum standards of patient experience for elective (planned) care, establishing a national baseline for how patients should be informed, supported and communicated with while waiting for treatment. The standards respond to concerns that many patients have felt poorly informed during their care journey and set clear expectations around timely communication, confirmation that referrals have been accepted, regular updates while on waiting lists, reasonable notice of appointments, and clear information following treatment.

Trust Boards are expected to assess and publish their performance against these standards and demonstrate how they are improving compliance. The initiative represents an important shift in national policy, recognising that the quality of the patient experience while waiting for care is as important as reducing waiting times themselves. For Moorfields, the standards align closely with our commitment to patient-centred care, clear communication and the effective use of digital tools, including the NHS App, to ensure patients feel informed, involved and supported throughout their treatment journey.

We will bring back to Board an assessment against these standards.

Winter planning 2026/27

NHS England has published the 2026/27 Winter Planning Expectations and Assurance Framework, which sets out the national requirements for winter preparedness across providers and integrated care systems. The guidance emphasises the importance of early, clinically led planning, with all providers required to complete organisational winter plans by the end of August 2026 and provide formal Board assurance by 30 September 2026.

Key priorities include maintaining elective activity throughout winter, improving urgent and emergency care performance, eliminating corridor care as a patient safety priority, strengthening discharge and community pathways, maximising vaccination uptake, and ensuring robust escalation, infection prevention and staff welfare arrangements.

Moorfields will continue to work closely with system partners to ensure appropriate winter preparedness arrangements are in place while maintaining safe, high-quality care for patients and delivery of the Trust's operational objectives.

Preventing unlawful access to patient records

Guidance has been received reinforcing the NHS's zero-tolerance approach to the unlawful access of patient records. The letter highlights that unauthorised access to patient information, even where motivated by curiosity rather than malicious intent, is illegal, harmful

to patients and risks undermining public confidence in the NHS's stewardship of sensitive data.

NHS organisations are expected to strengthen staff awareness and training, ensure robust monitoring and governance arrangements are in place, and take firm action where breaches occur, including consideration of referral to the Information Commissioner's Office and law enforcement where appropriate. We have been taking steps to communicate with staff in this space.

Postgraduate training posts

Resident doctors have voted to accept the Government's offer on improving pay and job conditions. We now need to work together across the system to ensure rapid and consistent delivery of all elements of the offer in general and the expansion of post graduate training places in particular. All NHS provider trusts have been asked to consider how they can contribute to the increase in number of training places for 2027.

NHS Leadership framework

Across the NHS, leaders and managers are being asked to deliver profound change: improving care, shifting services closer to home, embracing new technology and supporting the move from treatment to prevention. A new NHS Leadership and management framework has been published to support positive change.

Quality implications

Quality of care and safe services remain at the heart of what we do, and our transformational priorities will help us in this endeavour.

Financial implications

Financial performance remains under close review, with a continued focus on maintaining control while supporting strategic investment and transformation.

Risk implications

Key risks relate to the scale and complexity of concurrent transformation programmes, workforce capacity, and maintaining operational performance during transition. These are being actively managed through existing governance structures.

Cover Sheet	
Report title	Oriel Update
Meeting	Board of director – Part I
Date	30 July 2026
Report from	Jon Spencer, Chief Operating Officer
Prepared by	Jenni Frost and Laura Brewster, Joint Programme Directors
Previous forum consideration	Oriel Executive Board, 3 June 2026 Major Projects and Digital Committee, 8 July 2026

Relevant strategic objectives	Working together	**X**	Discover	**X**	Develop	**X**	Deliver	**X**	Sustainability and Scale	**X**

Purpose of report	Assurance	**X**	Decision		Discussion		For information	

Executive summary

Programme Summary
The overall financial forecast of the programme remains that we will deliver within the approved budget, with cashflow aligned to the budgeted profile, with no material variance to plan.

The programme has an allocation of £21.0m for known risks including ICT infrastructure and the regulatory and geopolitical supply chain related risks. This leaves £6.8m (of which £5.3m is for Moorfields) of optimism bias. This optimism bias has improved by £1.2m this month and all known risks continue to be monitored and reviewed on a monthly basis.

Following the instruction to pause notifiable works on 6 May 2026, the Building Safety Regulator approved the reversionary building control application submitted by BYUK in June. BYUK has now been instructed to recommence notifiable works as of 25 June.

The planned completion date has been revised from 15 December 2026 to 5 February 2027. This date has not yet been accepted and is under review by the Contract Administrators. The contract completion date remains under assessment by the Contract Administrator, who will determine any appropriate extension of time in accordance with contractual provisions. BYUK currently forecasts contract completion on 19 March 2027.

The cost implications of the delay, including those associated with the reversionary application and mitigation measures, are being assessed by the project team, cost consultants and Contract Administrator.

Programme reviews indicate that the overall phased move timeline remains achievable, with no material impact anticipated to the go-live date or the final decant of the City Road campus.

People & culture
- The all-staff consultation feedback has been reviewed, and high levels of participation were noted (through attendance at briefing sessions, completed staff feedback forms and

travel suveys). Feedback has been themed and reviewed with relevant teams. Key staff concerns relate to hybrid working, commute impacts, workspace availability and reliability of IT hardware.

- Change diagnostics are complete, with leadership development, agile working pilots and “village” workshops supporting adoption of new ways of working and cultural alignment ongoing.

- A formal workforce transformation plan is being finalised to enable resource planning in HR and change management for upcoming change, beyond the all-staff consultation.

- Our June on-site staff engagement event was rescheduled for 14 July (due to the heatwave), and saw great engagement from all staff across partner organisations.

- Significant engagement undertaken with department owners across both organisations to confirm naming schedules in advance of signage procurement (32 workshops held).

- Our Oriel move communications plan was approved at the Oriel Executive Board in June, and activities are now underway, including “Getting to know your building” packs which have been shared with all teams, and a patient comms/letters group being established to coordinate activities.

Transformation & building benefits

- The CEO check and challenge process with all clinical teams for their day one operating model is now complete. Summary feedback is being reviewed at Transformation Steering Group for assurance to the Oriel programme that all target operating models and related transformation will be achieved in time.

- Transition activities to support delivery of the education target operating model are now underway, with equipment validation and timetable planning. A draft Ways of Working charter for the Innovation Hub is under discussion with key stakeholders.

- Areas such as timetable modelling and pre-assessment transformation have experienced delays, but critical interdependencies are being prioritised to maintain overall programme delivery.

- The radiology operating model and the offsite model for sterile services are being completed this month, both of which are essential to support a day one building operating model.

- Oriel benefits realisation plan was presented to Trust Executive Committee in June with proposed amendments, to go through the New Hospital Programme change control. Benefits dashboard being developed by the Performance and Information team, on track for benefits monitoring to commence in September.

Operational commissioning & relocation

- Technical commissioning of the building continues, and the first draft of the JDV annual business plan was reviewed at the Oriel Executive Board in June.

- Group 1 equipment installations have commenced, with specifications for group 3 equipment items are in development with users ready to commence procurement.

- The relocation services procurement has been launched with a timeline of contract award in July 2026, now imminent.

- The RIBA Stage 4 contractor for One Granary Street has been appointed and the fit-out has commenced. A task and finish group will now finalise the One Granary Street cost plan, produce a business case and begin procurement.

- The New Hospital Programme Project Readiness Review (PRR) took place on 18th June, and initial feedback from reviewers was extremely positive, with some minor areas to strengthen. Full written feedback awaited.

- Clinical and operational snagging visits to site have commenced in June. Clinical and operational leads have been invited to review their department with support from technical and construction teams to ensure any critical building snagging or operational challenges are identified in good time for resolutions to be found.

Quality implications

The programme continues to ensure quality is a critical priority across all workstreams. The new operational commissioning workstream has a quality and safety sub-workstream to focus on key areas of clinical and research safety.

A recent workshop was held with leaders from the nursing and technical teams, and outputs from this will be used to determine the governance required to support the move and future business as usual structures relating to quality and safety.

Financial implications

The Oriel programme is currently forecast to deliver on time and on budget.

Risk implications

The escalated risks & issues this month relate to :

- Moorconnect Go-Live date – there is a risk of overburdening IT teams and operational/clinical teams with the need to prepare for both Moorconnect go live and the Oriel move. The two programmes are working together to mitigate the risks that may occur from this.

- Geopolitical circumstances – risk of world events affecting supply chain are being monitored.

- ICT enablement of the building – integration dependencies on MoorConnect, and procurement lead times for key equipment, could lead to delays.

Moorfields Eye Hospital NHS Foundation Trust

NHS

Quality and safety committee - Terms of Reference

Authority	The Quality and safety committee is a formal committee of the board and is authorised to provide assurance to the board and carry out delegated functions on its behalf. These terms of reference have been approved by the board and are subject to annual review.
Purpose	The purpose of the committee is to review, on behalf of the board, the following key areas; • to provide oversight and board assurance about the quality, safety, clinical effectiveness and patient experience of clinical services across all parts of Moorfields • to provide oversight and board assurance about research governance • to provide assurance about legal compliance with health and safety and related legislation • to guide and advise about the quality elements of the trust's strategy • to support the implementation of the quality strategy and quality improvement plan • to oversee the development and implementation of the quality account
Membership	The members of the committee will be appointed by the board as follows: • Four non-executive directors, one shall be nominated as chair • Chief executive • Medical director* • Chief nurse and director allied health professionals* • Chief operating officer (*Board leads for Quality and Safety)
Quorum	The quorum will be three members (one of whom must be either the medical director or the chief nurse and allied health professions, or their nominated deputies), and two non-executive directors
Attendees	The following will also regularly attend the committee: • Director of quality and safety • Head of quality and safety • Divisional directors (if absent, Divisional head of nursing) • Clinical lead for patient safety • Moorfields Private (representative) • Quality and compliance manager (secretariat) • Divisional attendance as requested by the chair. Others may attend as agreed by the committee chair.
Frequency of meetings	The committee will meet six times per year and members and regular attendees are expected to attend at least 75% of meetings in any year.

Duties	The committee will only carry out functions authorised by the board, as referenced in these terms of reference. **Delegated functions** The committee will carry out the following on behalf of the board: • Analyse and challenge appropriate information on organisational and operational performance in relation to the committee's purpose **Assurance functions** The committee will review the following to provide assurance to the board: **Clinical effectiveness** • the content and effectiveness of the structures, systems, and processes for quality assurance, clinical, research, information, and quality governance • the development and compliance requirements for the following: o NHS outcomes framework o NICE pathways of care standards o the Trust's quality plan and any other KPIs relating to quality measures **Patient Safety** • reports about compliance with external assessments and reporting, including those from: o Care Quality Commission o NHS England o Medicines and Healthcare products Regulatory Authority (MHRA) o Health and Safety Executive (HSE) o Organisations responsible for professional standards o Regulatory bodies in the United Arab Emirates o Any other relevant regulatory bodies. • progress with implementing actions arising from CQC reports, and any other reports issued of a similar nature • internal reports, local or national reviews and enquiries and other data and information that may be relevant for understanding quality and safety within the Trust • the meaning, significance and learning from trends in complaints, incidents, and serious incidents • compliance with surgical safety checklists • how the Trust is addressing the requirements of safeguarding for children and vulnerable adults **Patient participation and experience** • patient participation activities • environmental and other issues affecting patient experience **Overall** • the development of the quality account and priorities • supporting the implementation of the quality strategy • monitoring the implementation of the quality objectives and other actions arising from the quality strategy and quality account

	• address specific risks on the corporate risk register allocated by the board **Other duties as agreed by the board** • oversight of quality and safety related aspects of research activity		
Reporting and review	Following each meeting of the committee, an update will be provided to the board, in a standard format, showing progress made and highlighting any issues for escalation or dissemination. Minutes of meetings will be available for any board member on request. The committee will carry out an annual review of its effectiveness against these terms of reference and this will be reported to the board via the committee's annual report, at the first available meeting after 1 April of each year.		
Sub-committees	There are no formal sub-committees of the committee but the outcomes of the following management groups will be reviewed on a regular basis to gain assurance • Clinical governance committee • Information governance committee • Risk and safety committee • Research and development quality review group.		
Meeting administration	The executive lead for the quality and safety committee will be the director of quality and safety, and the secretary for the meeting will be the quality and compliance manager. The secretary's role will be to: • Agree the agenda with the chair • Ensure compliance with the committee's *requirements for presenters* • Ensure the agenda and papers are despatched five clear working days before the meeting, in line with the board's standing orders • Maintain a forward plan of items for the committee • Be responsible for the production and quality of the minutes (even if taken by a separate minute taker) • Ensure a summary of the meeting is issued to the chair for review within one week of the meeting • Ensure actions arising from the meeting are captured, notified to owners within two weeks of the meeting. These will be followed up where necessary. Any other administrative arrangements not listed here will be as shown in the standing orders of the board of directors.		
Approved by the quality and safety committee			21/07/2026
Approved by the board		**Date of next review**	July 2027

Moorfields Eye Hospital NHS Foundation Trust

Summary report of the Quality and Safety Committee Meeting and the Committee's Terms of Reference

Board of directors
30 July 2026

Report title	**Summary report of the Quality and Safety Committee Meeting (21 July 2026) and the Committee's Terms of Reference**		
Report from	Michael Marsh, Chair of the Quality and Safety Committee		
Prepared by	Ian Tombleson, Director of Quality and Safety		
Previously considered at	Quality and Safety Committee	**Date**	21/07/2026
Link to strategic objectives	We will consistently provide an excellent, globally recognised service		

Quality implications

This report provides a summary of the committee's meeting held on 21 July 2026. It outlines the items discussed at the meeting and highlights any issues for the attention of the Board.

Also attached are the revised terms of reference (2026-27) for the committee. These were approved by the committee on 21 July 2026, and are attached for the Board's approval.

Financial implications

None.

Risk implications

No specific risk escalations from this meeting. There are points in the report which are highlighted for the Board's specific attention.

Action required/recommendation

The Board is asked to note the report of the Quality and Safety Committee and approve the terms of reference.

For assurance		**For decision**	**X**	**For discussion**		**To note**	

Moorfields Eye Hospital NHS Foundation Trust

NHS

ITEM xx.xx

QUALITY AND SAFETY COMMITTEE SUMMARY REPORT

21 July 2026

Committee Governance	• Quorate – yes • Attendance – 75% (6 of 8 members) • Action completion status (due items) – 100% • Agenda completed – yes
Assure	**Presentation by Moorfields Private** The committee received a presentation from Moorfields Private with the following highlighted: • Moorfields Private operates over three sites – Moorfields Private Outpatient Centre (MPOC) in Bath Street, the fourth floor of City Road, and the Moorfields Private Eye Centre (MPEC) in New Cavendish Street • Moorfields Private is a division within the Trust and mirrors the structures, governance, etc. of other divisions • Moorfields Private works closely with the central quality and safety team • All consultants have substantive contracts with the Trust • The division has much to be proud of and performs well across a number of areas: mandatory training, basic life support, and clinical audits being three areas of particular note. **Board Assurance Framework** The committee received the Board Assurance Framework. It was noted that two risks have been assigned to the Committee: • (4A) Service disruption and business continuity • (4B) Quality governance and assurance. **Infection Control Update** The regular infection control (IPC) update was presented. The following issues were highlighted: • Two instances of high particle counts at the Surgicube (Stratford theatres) resulted in planned surgical activity being unable to proceed and which was transferred to St Ann's • There have been three reportable cases of endophthalmitis, two of which occurred at Northwick Park (one in May, one in June) • Eight environmental audits were undertaken, all of which were compliant. **Patient Safety Incidents and Duty of Candour** There were no patient safety incident investigation (PSII) reports, and the regular duty of candour report was presented. The following were highlighted: • Three patient safety incidents (Never Events) are currently being investigated. They all concern the insertion of incorrect intraocular lenses. The outcomes will be reported to a future meeting • The Trust performs generally well with stages one and two of the Duty of Candour process, but is weaker at stage three • There is a focus on the culture surrounding the Duty of Candour and making the process more effective - a paper will be taken to the Clinical Medium Term Committee (CMTC).

	Quality and Safety The committee received Q1 reports (Trust-wide, Private, and UAE), Q4 reports (Private and WHO), and the regular Q&S update. The following were highlighted: • The format of the trust-wide quality and safety report has been reviewed, with a new summary table added • There was a substantial increase in the number of complaints received in June. There is a deep dive into themes and possible causes • Quality summits (part of the overall patient safety incident reporting framework (PSIRF)) are proving to be particularly valuable. **Summary Reports from Committees** The committee received summary reports from the following committees/meetings: • Risk and Safety Committee (meeting on 01/07/2026) • Research and Development Quality Review Group (meeting on 18/05/2026) • Information Governance Committee (meetings on 02/06/2026 and 23/06/2026) • Clinical Governance Committee (meeting on 15/06/2026). It was noted that DSPT (data security and protection toolkit) compliance should be achieved by October. Moorfields performs well compared to other organisations.
Advise	The Trust Board is advised of: • The well-being of staff within Moorfields Private and ensuring staff feel connected to the rest of the Trust • Duty of Candour: this is going through a process of re-engagement with clinicians • The importance of quality summits as part of PSIRF.
Alert	The Trust Board is alerted to: • Surgery at Stratford – the issue with the Surgicubes which has disrupted the theatre lists has now been resolved and a decision on when lists can recommence will be made by 23/07/2026 • There have been three Trust reportable cases of endophthalmitis, two of which occurred at Northwick Park.
Next meeting	15 September 2026

Moorfields Eye Hospital NHS Foundation Trust

Chief nurse report
Board of directors
30 July 2026

Report title	**Chief nurse quality report**		
Report from	Suminthra Naidu, Chief Nurse and Director of Allied Professionals		
Prepared by	Ian Tombleson, Director of Quality and Safety		
Previously considered at	Various management groups/committees	**Date**	NA
Link to strategic objectives	Underpins all strategic objectives		

Executive Summary

This report provides assurance about key nursing-led quality, safety and governance arrangements across Moorfields Eye Hospital NHS Foundation Trust. The report continues to develop and covers a wide range of topics. Overall, appropriate systems and processes are in place to support safe, effective care, with ongoing work to strengthen leadership, learning and assurance.

Pathway to Excellence

The Pathway to Excellence programme has proven to be a great achievement for nursing at Moorfields over the past 3 years. With its six standards underpinning the fundamentals of everyday care that the nursing workforce deliver it has provided a vehicle for culture change.

Its triangulation with the trust values has encouraged staff to remain engaged in creating a positive practise environment which supports their health and well-being, their voices being heard and nurturing a workplace where people wish to remain and thrive. Key points are:

- 2026 is the last year of our current designation of Pathway to Excellence
- 2027 is an exciting year preparing for redesignation, with work already underway for submission
- The support for the pathway from the nursing workforce, which has been consistent over the past 3 years, has elevated the voice and presence of nursing at Moorfields
- Valuing the positive practise environment that the Pathway promotes
- Shared decision making has supported teams to have their voice and opinions heard creating positive change on the ground
- The recent nurse conference created a platform for celebrating, sharing and shaping next steps
- Visibility of leadership is key to staff, especially across the network, being seen as well as heard
- Care and compassion for staff is just as important as for patients. The Pathway supports health and wellbeing to promote this.

Infection control

The infection prevention and control team work to minimise the risk of infections to patients, staff and visitors through education, policy development, audit of the environment, surveillance of infections and expert advice on safe standards and infrastructure. The team have the following key areas to report:

- For Q1 2026/27 all key performance targets are green within the expected range

- The team have undertaken eight environmental audits and all scored a compliant green standard
- Surveillance of infections identified three cases of endophthalmitis during May and June
- Trust mandatory infection prevention control training for Level 1 and Level 2 are both above the trust target score of 80%
- The team held a link practitioner workshop for staff across all sites providing updates on current topics and emerging issues
- The team have supported the North Division with understanding elevated particle counts at our Stratford site where two Surgicube facilities (ophthalmology theatres) are installed. Filters have been changed and further reviews by estates and external engineer companies are taking place.
- The team have advised at sites and facilities including developments at the Oriel, Ealing modular theatre, Bedford modular theatre, Moorfields Private Eye Centre recovery area and Hoxton hub redesign.

Safeguarding

The Integrated Safeguarding Team continues to meet its statutory responsibilities and remains committed to sharing learning across the organisation through a range of forums, including our widely circulated Safeguarding Newsletters. This supports continuous improvement in practice and helps embed safeguarding principles into everyday clinical and operational activity. Key updates include:

- A new Safeguarding Team Lead and Named Nurse for Adults is in post, strengthening leadership and oversight within the service
- Recruitment is currently underway for a Learning Disability and Dementia Liaison Nurse to further enhance specialist support and advocacy for vulnerable patients
- The safeguarding assurance framework has been reviewed and strengthened. This includes a review of the Integrated Safeguarding Assurance Meeting and a clearer governance pathway to support the dissemination of learning and the embedding of safeguarding practice across the organisation.

Safeguarding priorities for the coming period include:

- Raising awareness and strengthening organisational understanding of non-fatal strangulation
- Implementing Phase 2 of the Child Protection – Information Sharing (CP-IS) national programme, ensuring all children are checked against the national spine on attendance
- Horizon scanning and assessing the implications of developments relating to Deprivation of Liberty Safeguards (DoLS) following recent Supreme Court rulings.

Overall, the team continues to strengthen safeguarding governance, enhance organisational learning, and support the delivery of safe, effective, and patient-centred care.

Education

Over the past year, Moorfields has continued to make significant progress in delivering its Education Strategy, strengthening access to high-quality learning and workforce development across all professional groups. A unified approach to education funding and

training has supported equitable access to development opportunities, with 597 education applications approved through the Education Funding Review Group benefiting almost 20% of staff.

Key achievements include the expansion of advanced and enhanced clinical practice roles, development of the new multiprofessional clinical competency framework, growth in apprenticeships and leadership programmes, and the launch of innovative clinical education programmes including OCT scan interpretation and revamped ophthalmology induction pathways. Work has also progressed on digital capability development, technology-enhanced learning, preceptorship redesign, and increasing placement capacity across the Trust and network sites. Education continues to play a central role in workforce transformation, supporting Oriel readiness, career pathway development, research capability, and the delivery of safe, high-quality patient care. Looking ahead, priorities include implementation of the SCOPE. framework (to help set core training and competency requirements), expansion of international education opportunities, continued growth of multi-professional education provision, and development of the next Moorfields Education Strategy (2027–2030).

Violence and Aggression

Moorfields has observed that there have been more instances of violence and aggression including racism on our staff in clinical areas recently. Moorfields has a zero tolerance to Violence and Aggression towards our staff. A new multiprofessional workforce group is being formed to review this in more detail and where necessary take action to protect our staff whilst continuing to support patients. Terms of reference are being developed and the first meeting of the new group is being arranged.

Care Quality Commission (CQC) compliance

The Trust continues to maintain oversight of CQC compliance through the clinical governance committee and the quality and safety committee. Preparatory work is underway to strengthen readiness for future inspection activity, including ensuring evidence against CQC quality statements and key lines of enquiry, is current, accessible and clearly owned.

The organisation has recently responded to one query to the CQC about a structured judgement review (required where patients have passed away once leaving Moorfields) and has also responded to anonymous concerns raised relating to our Ealing site. The CQC have confirmed that they are satisfied with our responses to these queries.

For the time being CQC has paused its engagement meetings with Moorfields due to resource pressures.

Patient experience and feedback

Patient experience continues to be monitored through multiple sources, including Friends and Family Test (FTT) results, complaints, compliments, PALS and targeted engagement activity. Overall performance against our FFT remains solid. Complaints performance continues to improve guided by our complaints recovery plan. The 3-day complaints acknowledgement target (90% within 3-days) is consistently exceeding the target.

Performance against the 80% final response target is also consistently meeting the 25 day response target. Our stage one apologies for our Duty of Candour (DoC) response has been achieved the target in three of the previous five months, however in the most recent Board performance report it has dropped to 50%. We are tackling improvement in a number of areas: we are revising the DoC policy and processes, and we are working with divisions and the new clinical site structure to drive consistent performance.

Overall feedback consistently reflects positive patient experiences of staff professionalism and compassion. Key improvement themes remain focused on communication, coordination of care and waiting times in some services. Actions arising from patient feedback are monitored through divisional and Trust-level governance processes.

The patient experience team continues to support the delivery of the patient experience framework, underpinned by its five principles relating to 'See the whole person'. Delivery of the framework objectives continue to be achieved through effective partnership working with patients, carers, stakeholders and staff. Highlights of key priorities:

- Developing consistent and scalable methods for continuous improvement and ensuring that improvements to the patient experience are clearly evidenced and shared across the organisation.
- Communicating tangible examples of patient and carer engagement and involvement activities, showcasing the impact and value of trust activity.

Workforce

Workforce oversight in June 2026 focused on the following priorities:

1. Safeguarding Workforce Standards

Identified actions required following NCL ICB feedback on the gap analysis against the Developing Workforce Safeguarding Standards (DWS) (2018) for the trust. Next steps finalise safe staffing project and agree governance routes for biannual and annual reporting.

2. Workforce Planning

Ongoing support to Divisional Heads of Nursing regarding medium to long terms workforce planning and scoping initial biannual establishment review to be established in line with DWS action plan. Supported the development of workforce requirements for the future asynchronous and synchronous diagnostics model.

3. Advanced Practice Strategy

A multiprofessional approach has been adopted to develop a clear vision for advancing nursing and allied health professional practice, aligned to the NHS 10-Year Health Plan. Actions are being implemented in line with the NHSE “Multiprofessional Framework for Advanced Practice” and the trust’s education team's SCOPE capability framework. Engagement with clinical leaders continues to identify opportunities and talent pipelines for future advanced practice roles, informing business planning and the 2027/28 Education and Training Activity Plan (ETAP).

4. Nursing and Midwifery Job Evaluation

National requirements arising from the Secretary of State's written Ministerial Statement and the February 2026 agreement between Government and the Royal College of Nursing (and other unions) require NHS organisations to strengthen the application of the NHS Job Evaluation Scheme and ensuring nurses are paid correctly for the work they are asked to do. Key priorities include:

- Review and update all nursing job descriptions against the new national profiles.
- Prioritise reviewing all Band 5 nursing roles and supporting graduate nursing pay progression.
- Ensuring job evaluation outcomes are accurate, consistent and aligned to national profiles.
- Working with staff and trade unions to ensure roles are appropriately evaluated and remunerated.
- Implementing a national nursing preceptorship (helping newly qualified professionals develop) framework.

A project team and action plan have been established to ensure compliance with these requirements and provide assurance to the Board that national expectations are being met.

Quality implications

This report is a high-level summary in support of the quality and safety committee chair's report.

Financial implications

None specified in this report

Risk implications

If the Trust does not achieve the required performance standards, then this is likely to have a significant impact on the risk that we pose to our patients by not offering timely care

Action required/recommendation.

The Board is asked to note this report.

For assurance	**X**	**For decision**		**For discussion**		**To note**	

Moorfields Eye Hospital NHS Foundation Trust

Guardian of Safe Working

Board of directors
30 July 2026

Report title	Guardian of Safe Working Report
Report from	Louisa Wickham, Chief Medical Officer
Prepared by	Andrew Scott, Guardian of Safe Working
Link to strategic objectives	We will attract, retain and develop great people

Brief summary of report

The guardian of safe working report summarises progress in providing assurance that doctors are safely rostered, and their working hours are compliant with the 2016 terms and conditions of service (TCS) for doctors in training. This report encompasses the period from 19th March 2026 to the 13th July 2026.

Exception Reports:

Exception Reports (ER) over past quarter	
Reference period of report	19/03/26 - 13/07/26
Total number of exception reports received	6
Number relating to immediate patient safety issues	1
Number relating to hours of working	3
Number relating to pattern of work	2
Number relating to educational opportunities	0
Number relating to service support available to the doctor	0

Reasons for ER over last quarter by specialty & grade

ER relating to:	Specialty	Grade	No. ERs raised
Immediate patient safety issues	Ophthalmology	ST5	
Total			**1**
No. relating to hours/pattern	Ophthalmology	ST5	
Total			**5**
No. relating to educational opportunities			
Total			**0**
No. relating to service support available			
Total			**0**

Exception Reports

During this reporting period, six Exception Reports were submitted.

Immediate Safety Concerns

One Exception Report related to an immediate safety concern arising from a safe working hours breach.

An ST5 trainee completed a 13-hour resident on-call shift before commencing non-resident on-call duties from home overnight. During the non-resident on-call period, the trainee was unable to achieve the contractual minimum of five hours' continuous rest, having been recalled to Great Ormond Street Hospital to review a patient in person.

In accordance with the 2016 Terms and Conditions of Service, a financial penalty was levied in respect of the four hours of resident work undertaken without adequate rest. The trainee was also granted time off in lieu for the following morning's clinic.

Following review, this exception was considered to reflect a genuine, unforeseen clinical emergency rather than a recurrent rota or staffing issue. Consequently, a work schedule review was not deemed necessary.

Additional Hours and Working Pattern Exception Reports

The remaining five Exception Reports related to additional hours worked as a result of outpatient clinics overrunning at the Ealing site. These overruns disrupted planned working patterns, resulting in missed rest breaks and delayed starts to afternoon clinics.

All Exception Reports were reviewed in detail at the Resident Doctor Forums. Trainees received the appropriate compensation, including payment for additional hours worked and time off in lieu where applicable.

Overall, trainees continue to demonstrate a pragmatic and professional approach to occasional service pressures. Many also recognise that work undertaken in the emergency eye service provides valuable educational opportunities through exposure to a broad range of acute ophthalmic presentations and subspecialty cases. However, it remains important that educational benefit does not come at the expense of safe working practices or contractual rest requirements.

Exception Reporting Reforms:

I am pleased to report that exception reporting reforms have been discussed with trainees and implemented successfully into our systems from February 2026. The key national changes include the following:

- Resident doctors must be provided with access to the exception reporting system within seven calendar days of commencing employment, rotating, or changing work schedules
- Exception reports are reviewed by Medical HR and the Guardian of Safe Working Hours rather than educational or clinical supervisors
- Confidentiality of personal data within exception reports is strengthened
- Failure to provide timely access to exception reporting may attract contractual fines

These changes are intended to enforce confidentiality and remove barriers to reporting and to ensure concerns are identified and addressed promptly.

<u>High level data:</u>

Number of doctors in training (total):	58
Amount of time available in job plan for guardian to do the role:	1 PA/week
Admin support provided to the guardian (if any):	Ad Hoc provided by HR
Amount of job-planned time for educational supervisors:	1 PA per week

Summary

All Moorfields trainees continue to be rostered on compliant rotas that meet the 2016 Terms and Conditions of Service.

There was one breach of the Terms and Conditions of Service during this reporting period. This arose as a result of an unforeseen clinical emergency rather than a recurrent rota or staffing issue and, following review, did not warrant a work schedule review. In accordance with the contractual provisions, a financial penalty was levied, and the resident doctor was granted time off in lieu (TOIL) the following day.

All trainees are familiar with the process of exception reporting and there are systems in place to ensure prompt compensation payment for excessive hours worked and mechanisms in place to rectify unfavourable working conditions. Trainee morale remains high, supported by a strong culture of dispute resolution and a clear commitment to enhancing the working lives of all our residents.

Quality implications

There are clear implications for patient care if the trust does not make sure it is adhering to the new contract and stricter safer working limits, reduction in the maximum number of sequential shifts and maximum hours that a junior doctor is able to work.

Financial implications

The guardian of safe working may impose fines if specific breaches of the terms of conditions of service occur where doctor safe working has been compromised.

Risk implications

The risk implications are detailed in the report in terms of reasons for exception reporting and potential impacts on the quality of care provided to patients if there are breaches in the contract.

Action required/recommendation.

The board is asked to consider the report for assurance.

For assurance	✓	**For decision**		**For discussion**		**To note**	✓

Moorfields Eye Hospital NHS Foundation Trust

People and culture committee chair's report
Board of directors
30 July 2026

Report title	**People and Culture Committee chair's report**		
Report from	Aaron Rajan NED committee vice chair		
Prepared by	Ben Westmancott, interim company secretary		
Previously considered at	People and culture committee	**Date**	16 July 2026
Link to strategic objectives	Underpins all strategic objectives		

Key messages for the Board following the meeting on 16 July 2026

Assure

1. Progress with achieving the education strategy is positive. The committee note that a new strategy is being developed and that it will reflect the interconnectedness of activities including the commercial opportunities and the quality of care impact.
2. An assurance of FTSU processes was received. The culture of the organisation continues to strengthen, and the committee notes good progress with training and awareness and confidence in reporting. Some staff groups may have low numbers of FTSUs however they may use other routes to speak up so higher/lower numbers of FTSUs does not necessarily indicate good/bad.
3. The committee received an assurance of the new resolution policy which is already showing signs of positive impact. This includes training.

Advise

4. The executive are working towards a unified integrated culture programme that draws the existing workstreams together. This will include setting KPIs so progress against the unified programme, emphasising the important impact that culture has on patient care, can be tracked by the committee.
5. The executive have recently carried out a gap analysis between the training requirements for UK staff and requirements for UAE staff. Executives are working to align the two.
6. An assurance on gender pay gap was received. Some good progress is being made to close gaps. This has been achieved, in part, through succession planning and recruitment. The gap with consultants pay is improving; however, historic inequities take time to be addressed. There is high BAME representation at the trust which is positive; however, there needs to be more focus on pay progression to ensure a better balance of BAME representation in higher pay bands. Reported incidents of bullying and harassment is higher in some demographic groups than others. The committee reviewed an assurance on antisemitism and other forms of racism. An action plan is being developed which the committee will oversee progress on.

Alert

7. Sickness absence remains higher than ideal, particularly long-term sickness. There will be a deep dive review of sickness absence in private services at the September meeting of the committee.

Quality implications
None specifically associated with this report.

Financial implications
None specifically associated with this report.

Risk implications
Risks are set out on the board assurance framework.

Action required/recommendation.
The Board is asked to note this report for assurance.

For assurance	**X**	**For decision**		**For discussion**		**To note**	

Moorfields Eye Hospital NHS Foundation Trust

Agenda item XX
Freedom to Speak Up Annual Report Q1-Q4 2025/2026
People and Culture Committee 16/07/2026

Report title	People and Culture Committee- Freedom to Speak Up Annual Report April 2025 - March 2026 (Q1-Q4 2025/2026)		
Report from	Suminthra Naidu, Chief Nurse and Director of Allied Health Professionals		
Prepared by	Princess Cole, Lead Freedom to Speak Up Guardian		
Previously considered at	FTSU Steering Group	**Date**	16/07/2026
Link to strategic objectives	Freedom to speak up links to all the strategic objectives and underpins our core values of Excellence, Equity and Kindness		

Executive summary

This annual report provides Trust Board with an overview of proactive and reactive FTSU activity from 1st April 2025 to 31st March 2026 (Q1-Q4 25/26).

The FTSU service has been guided by a robust workplan which sets out five strategic objectives centring around 'making speaking up business. Positive progress has been made to ensure key objectives were met.

The service continues to be accessible with staff being able to contact the guardian team via carrying routes. Successful expansion of the champions network has taken place, widening the visibility of the team, whilst also empowering staff voices.

Data reporting and analysis continues to improve via the use of the Work In Confidence platform and the Qliksense FTSU dashboard. Triangulation of FTSU data against other sources improves since the formation of the FTSU, People & OD MDT.

Trust wide training compliance for 'speak up' and 'listen up' modules stood at 84% at the end of Q4 25/26, with most divisions/directorates having achieved our 80% completion target rate. To support ongoing professional development and best practice, the FTSU team have completed mandated training. Guardians and champions have also been trained to support staff reporting sexual misconduct incidents.

To address reoccurring themes of leadership and management and inappropriate attitudes and behaviours, FTSU leadership and management training was launched in October 2025. Training has been delivered to several teams, with feedback being positive.

The FTSU team continues to be visible and conduct regular site visits. A key focus for the service has been transparency. RSM internal audit findings have been shared at 'All Staff Briefing' to highlight areas of strength and improvement for the service.

The FTSU team continues to work collaboratively with key stakeholders and varying services to improve case resolution.

161 cases were raised during Q1-Q4 25/26, a reduction from 189 in Q1-Q4 24/25. Though total case reporting is lower, FTSU case complexity is increasing, with many cases requiring intervention form varying teams and/or services.

NGO benchmarking data shows evidence of strong organisational engagement and a healthy speaking up culture. Anonymous reporting fell from 56 to 26 in Q1-Q4 25/26, but still higher than other acute specialist peers. There were below average reporting rates for patient safety and worker safety/wellbeing themes,

compared to comparators. Triangulation findings indicate psychological safety is fair but could be improved. Detriment reporting is low, however, safeguarding measures to support staff should still be considered.

Corporate divisions combined raised the highest number of cases (61), which accounted for a large group of staff speaking up collectively and teams who do not usually use the FTSU route speaking up. City road site continues to raise the largest number of concerns, but also accounts for roughly 60% of MEH staff who are based at this location. Worker group reporting has remained fairly similar to Q1-Q4 24/25 figures, with admin and clerical staff raising most concerns, but also accounting for the largest workforce population at MEH. Leadership and management and inappropriate attitudes and behaviours continue be prominent themes. Low speaking up reporting continues for medics, healthcare scientists, AHP's and additional professional scientific technical staff. Targeted work will be conducted by the FTSU team, to ensure underrepresented groups have a voice.

NHS staff survey results 2025 for 'we each have a voice that counts', fairly reflects NGO benchmarking findings. The data indicates that staff engage well and speaking up is well embedded in the Trust, which is evidenced by high FTSU activity and survey participation. The findings also suggest that improving psychological safety and increasing visibility of actions taken in response to concerns, should remain organisational priorities.

Key objectives for Q1-Q4 25/26 includes: a focus on supporting under-represented groups with providing further access to speaking up resources, introduction of a detriment policy to help safeguard those who suffer detriment as a result of raising a concern, strengthening exit interview data through work with the FTSU P&OD MDT and evaluation of service delivery through the completion of NHSE's board self-assessment toolkit.

Quality implications

The Trust's approach to developing and supporting the work of the FTSU Guardians is an important element of providing an open culture, and supporting improvements indicated by the staff survey. If staff feel they are able to raise concerns in a safe environment and that their concerns are acted on, then this will have a positive impact on patient safety and staff well-being and improve the Trust's ability to learn lessons from incidents and support good practice. Trust Board and Management Executive provides leadership and support for effective FTSU service delivery, in order to foster an open and transparent speaking up culture.

Financial implications

No new financial implications.

Risk implications

Organisations should create a culture where staff feel able to voice their concerns safely. Not having this culture can create potential impacts on patient safety, clinical effectiveness and patient and staff experience, as well as possible reputational risks and regulatory impact. Moorfields has successfully introduced a new FTSU model to mitigate these risks, which also helps to support organisational cultural improvements.

Action required/recommendation.

The People and Culture Committee is invited to:

- Note and have oversight of FTSU proactive and reactive activities from April 2025-March 2026. Activities during this period were guided by a robust work plan for the financial year (Apr 2025-March

2026). Overall good progress has been made to ensure key deliverables detailed in the work plan have been met. • Note the number of concerns raised over the specified period and the themes and trends emerging from them, in addition to the wider triangulation of FTSU data against Moorfields NHS staff survey 2025 results and NGO national speaking up data Q1-Q4 25/26.							
For assurance	**X**	**For decision**		**For discussion**		**To note**	**X**

1. Introduction and Purpose

This Freedom to Speak Up (FTSU) annual report provides Board and the People and Culture Committee (PCC) with an overview of proactive and reactive work undertaken by the Freedom to Speak Up (FTSU) service and provides assurance of the effectiveness of the service in supporting staff to safely raise concerns. The report also provides data and details of concerns raised during the period of April 2025 - March 2026 (Q1-Q4 2025/26) and highlights the progress made to business-as-usual Freedom to Speak Up activities.

The information in the Freedom to Speak Up annual report (April 2025-March 2026) demonstrates that speaking up is valued and championed by Trust Board, Trust Executive team and other key stakeholders and has led to the development of a positive speaking up culture of learning, high quality standards and safety.

2. FTSU Departmental Structure and Governance

The Freedom to Speak Up (FTSU) service at Moorfields Eye Hospital provides confidential and anonymous routes for staff to use to raise patient safety and staff wellbeing concerns. The team consists of a lead FTSU guardian (1.0 WTE) and an assistant to the lead FTSU guardian (1.0 WTE) covering a speaking up service for ≈2,846 staff. The lead guardian reports directly to the Chief Nurse and Director of Allied Health Professionals.

Support is provided by 4 volunteer guardians who have substantive posts in the Trust. In addition to the guardian team, FTSU champions provide local support to teams by listening and signposting colleagues appropriately. The FTSU team (guardians and champions) not only reflect the diverse population of Moorfields through demographics and mixed professional backgrounds, but are also located geographically across the Trust, ensuring wider access to the service for all staff.

The lead guardian reports on the progress of proactive and reactive service delivery to the FTSU steering group who meet bimonthly. The purpose of the FTSU steering group is to provide support to the Chair of the group (Chief Nurse) and evidence to Trust Executive Committee (TEC) that the FTSU model continues to be well embedded in the organisation and achieves the aims of an effective 'speaking up' service. Key responsibilities include:

- Provides oversight of the FTSU service, to ensure an effective and accessible speaking up service is available for all staff.
- Ensures that all staff feel safe to speak up.

- Ensures that managers have the skills and knowledge to handle FTSU concerns adequately and appropriate action is taken when staff raise concerns.
- Ensures that all staff are aware of the FTSU services and how to access the guardian team.
- Ensures that data about FTSU concerns is triangulated with People & OD data and other sources and is provided to the divisions in performance reports and assurance is provided to TEC.
- Ensures that FTSU data is used to continually improve the service to meet the needs of all staff at all sites.
- Provides assurance to the People and Culture Committee and Trust Board the speaking up service in place is fit for purpose.
- Ensures that the FTSU service links with other related areas of work, for example cultural developments and Trust core values.

The FTSU steering group reports to Trust Executive Committee (TEC) on the work it conducts, through the Chief Nurse and Director of Allied Health Professionals. Quarterly reporting takes place to the Nursing and Quality Corporate Performance Review group. The lead FTSU guardian also reports quarterly to Trust Board and the People and Culture Committee on activities of the group and service.

The FTSU steering group has established the following subgroup to help fulfil its duties:

- The FTSU, People & OD MDT: co-chaired by the lead FTSU guardian and Deputy Chief People Officer. This group meets bimonthly.

3. FTSU Strategic Objectives Q1-Q4 2025/26

The FTSU service's core principles and objectives continues to align with key elements of Sir Robert Francis' safe, open and honest reporting culture recommendations, focusing on:

- Improving and safeguarding patient safety
- Improving and supporting staff experience
- Leading and promoting a learning culture that embraces continual improvement.

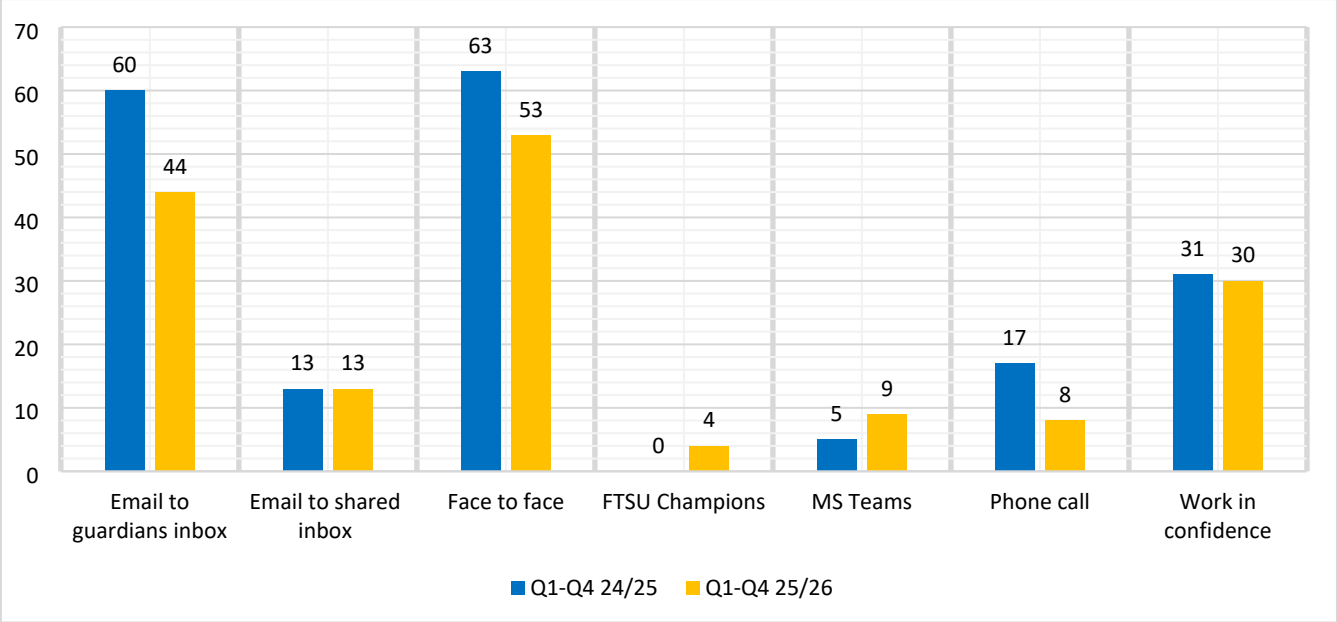
Throughout Q1-Q4 2025/26 (April 2025-March 2026), the FTSU service has been guided by a robust workplan which sets out five strategic objectives centring around 'making speaking up business as usual'.

1. **Empowering voices:** building confidence by providing a safe, confidential and anonymous route for staff to speak up through the FTSU route or another alternative route.
2. **Robust data analysis:** to improve the collection, reporting and triangulation of data. To identify hotspot areas, themes, trends and learning to support a healthy speaking up culture.
3. **Collaborative working:** with senior leadership and other key stakeholders to foster a culture of safe, open and honest reporting.
4. **Training:** provided to all grades of staff, focused on strengthening staff confidence in 'speaking up' and the importance of creating a culture of psychological safety.
5. **Visibility:** Ensuring a wider accessibility to the FTSU service through the guardian team, champions and through use the Work In Confidence speaking up platform.

Empowering Voices: The FTSU service offers various ways for staff to contact the team (face to face, FTSU shared mailbox, phone call, Microsoft Teams etc.) to ensure all voices are heard. The Work In

Confidence (WIC) speaking up platform is an alternative option which allows staff to contact a guardian of their choice anonymously or confidentially and raise a concern. The guardian team also use the platform to record case data and conduct data analysis. There were 195 new user accounts registered to WIC at the end of Q4 2025/26, an increase of 64 new users from Q4 2024/25 (131).

Fig 1.1 Routes staff use to contact the FTSU team Q1-Q4 2025/26



The data in fig 1.1 highlights face to face interaction and emailing guardian's directly, being preferential routes for staff to contact the team. Work will continue to be conducted to promote and help increase staff use of the WIC platform at Trust induction, site visits and when the team hosts listening events.

To further empower staff voices, the FTSU service encourages voluntary staff engagement through our Freedom to Speak Up champion's network. A key objective for the service has been expanding the champions network to offer further accessibility to all staff across the Trust. We have been successful in recruiting 8 new champions to the role, making a total of 16 FTSU champions supporting the guardian team with proactive and reactive activities. Like our guardian team, our champions network also reflects the diversity in the organisation demographically and through its variety of worker groups (medical, technicians, admin, estates & facilities, nursing, professional nurse advocate (PNA) and professional scientific staff). The Freedom to Speak Up service has been strategic in its recruitment of champions in this unique voluntary role, by actively ensuring that underrepresented groups have a voice and can help shape the speaking up culture at Moorfields. Please see **Appendix A** for details of activity conducted by champions during Q1-Q4 2025/26.

Robust Data Analysis: A key objective throughout Q1-Q4 2025/26 has been strengthening data recording, data reporting and triangulation of FTSU metrics against other sources of speaking up information. The systems and processes that are in place, such as the Work In Confidence platform and our FTSU Qliksense dashboard, provide robust assurance that data is recorded accurately and can be sourced for data reporting to key stakeholders. We continue to deliver monthly data packs to divisional teams containing key data metrics used to identifying hotspot areas, themes, monitoring case progression and aiding in early intervention, de-escalation and resolution of cases. A future goal for the service includes creation of FTSU, People & OD Qliksense dashboard. This will allow for greater

triangulation of FTSU, ER, learning & development, EDI and wellbeing data; enhancing data driven intelligence sharing and meaningful decision-making to foster a safe speaking up culture.

Collaborative Working: The Freedom to Speak Up service continues to successfully collaborate with various services across the Trust that support speaking up. The guardian team meets monthly with divisional leads to discuss open FTSU cases. Since the inclusion of HRBP/People & OD Partners at FTSU divisional meetings, case resolution has improved, as they provide expert HR advice and guidance. As well as the joint co-ordinated approach through FTSU divisional meetings, the formation of the FTSU, People & OD MDT has further strengthened networking with key stakeholders. The group meets bimonthly to identify emerging themes/trends through triangulated data, whilst taking a holistic approach, which focuses on early intervention and resolution to support a positive speaking up culture. Terms of reference for the group have been ratified and key priorities for the group include the creation of a FTSU detriment policy, introduction of MEH whistleblowing policy, strengthening exit interview feedback responses and standardising sexual misconduct reporting across the Trust.

Cross-service collaboration continues to be one of the mechanisms used by the Freedom to Speak Up service in supporting and fostering a safe, open and honest reporting culture at Moorfields.

Training: The Guardian team provides training to staff and managers throughout the year to foster a culture were speaking up is welcomed, staff are listened to, and appropriate action taken when concerns are raised.

Our ‘speak up’ and ‘listen up’ training compliance continues to progress well, with most divisions having achieved or exceeded our 80% completion target. Directorates marked in red in Fig 1.2 highlight teams who did not meet 80% compliance rate at the end of Q4 2025/26. Targeted work has taken place to support those teams in improving compliance scores.

Table 1.1 FTSU ‘Speak Up’ and ‘Listen Up’ compliance rates 31/03/2026

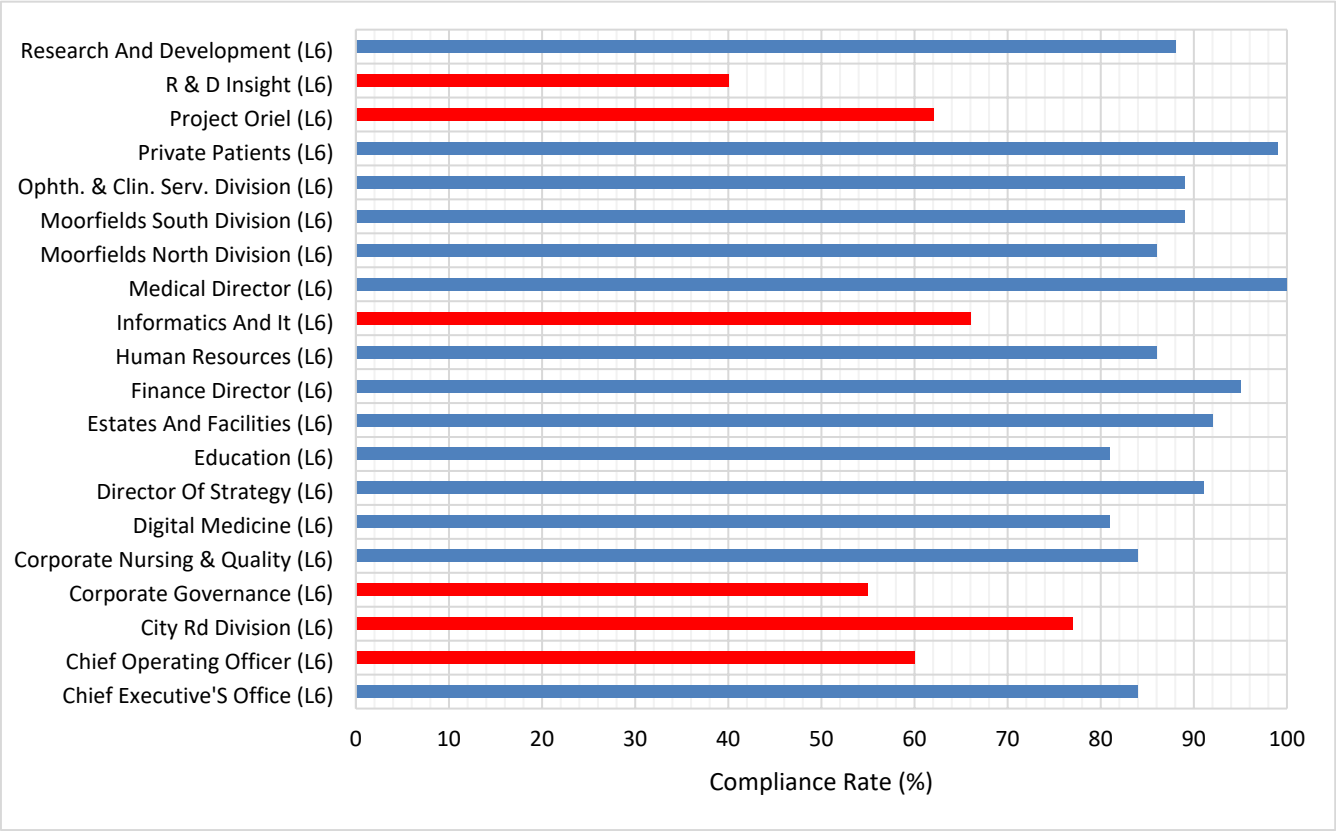
Essential to role training

Average % 84

E2R | Performance metrics and subjects that the HSE or our own experts mandate

Requirement	Compliant	Non-Compliant	Staff Total	Compliant %	Target %
Freedom to Listen Up	623	117	740	84	80
Freedom to Speak Up	2203	419	2622	84	80

Fig 1.2 FTSU Training Compliance Rates: Directorates (31/03/2026)



Prominent and consistent themes identified through the analysis of FTSU data has been leadership and management and inappropriate attitudes and behaviours; with common issues including lack of visibility, poor communication, perceived favouritism, and behaviours not aligned with Trust values. These concerns highlight the critical role leaders play in shaping workplace culture and staff wellbeing.

To help address our leadership development needs, the guardian team launched its FTSU leadership and management training programme in October 2025. The programme is aimed at staff with management responsibilities and focuses on the principles of 'Speak Up, Listen Up, Follow Up', equipping leaders with practical tools to:

- Welcome and encourage speaking up in their teams.
- Respond to concerns with compassion, transparency, and fairness.
- Strengthen a restorative approach to addressing concerns.
- Foster psychological safety, ensuring staff feel confident to raise issues without fear of detriment.
- Promote a learning culture, where feedback leads to improvement rather than blame.

The FTSU team adopted a targeted approach and prioritised delivery to hotspot areas and teams with low speaking up rates. Senior leadership teams at Moorfields Private, OCSS, City Road A&E and North division have successfully completed training. Further training sessions are scheduled throughout Q1-Q4 2026/27, with progress reporting to Trust Board and other key stakeholders planned.

As well as the training being offered to staff and managers across the Trust, maintaining high standards of competency for the FTSU team has been a key priority. The guardian team completed annual NGO refresher training to support ongoing professional development and best practice. Please see **Appendix A** for guardian activity. Our FTSU champions network have also successfully completed required

mandatory training to equip them with skills to support and signpost colleagues who may wish to raise concerns. Please see **Appendix A** for champion activity.

The Freedom to Speak Up service is an advocate for sexual safety in the workplace and is also one of the five reporting routes staff can use to report sexual misconduct. In support of the Trust's implementation of the NHS Sexual Safety Charter, all FTSU guardians and champions have successfully completed the Trusts sexual misconduct in the workplace training. In addition to this, both the lead and assistant to the lead FTSU guardian have completed NHSE 'Handling and Supporting Disclosures of Sexual Misconduct' course, further equipping the FTSU team with skills to support staff reporting themes of sexual misconduct.

Visibility: The FTSU service continues to maintain a strong visible presence and is readily accessible to staff across the Trust. Through consistent proactive engagement and regular Trust wide communication, guardians and champions maintain a high visible profile, ensuring staff have access to 'speaking up' support and resources when needed. Promotion of the service continues during site visits, listening events, Trust induction etc. and wider dissemination of FTSU activity occurs through the distribution of our FTSU newsletter. The expansion of the champions network further increases direct local support across more locations throughout the organisation. The FTSU eyeQ page has been reviewed and enhanced to improve useability, reflect recent developments, and provide staff with easy access to current support resources. Please see **Appendix A** for a full list of FTSU proactive activity.

A core focus for the service has been improving transparency following our 2025 internal risk audit, where a small sample of staff (84) provided feedback on the effectiveness of the FTSU service and their views on the speaking up culture at Moorfields. Findings were shared Trust wide at an 'All Staff Briefing' in January 2026.

Overall, feedback reflected a positive view of the FTSU service. Staff consistently described the guardian team as supportive, professional, and responsive, with many highlighting that they felt heard, safe, and able to speak up. The importance of having a trusted and independent route for raising concerns was also widely recognised. However, feedback also identified areas for improvement, including concerns about the timeliness of investigations, satisfaction with outcomes, and confidence in the confidentiality of the work in confidence platform. To address these themes and strengthen staff confidence in the service, the team:

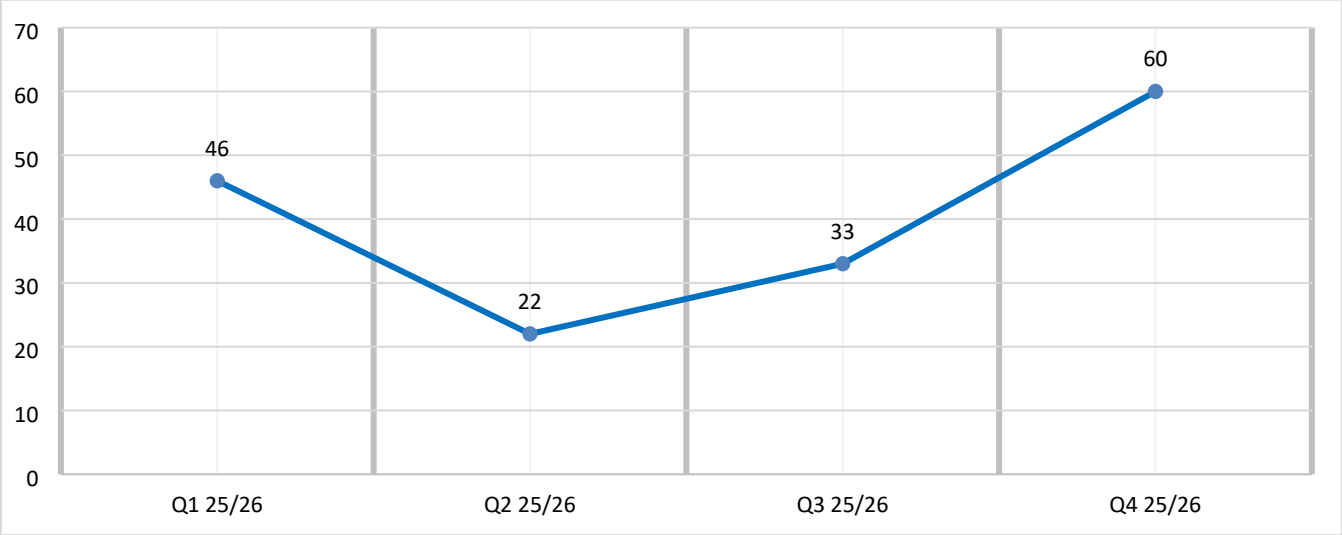
- Has revised the FTSU policy to provide clearer case closure timeframes. Completed in March 2026.
- Is developing a FTSU detriment policy to help safeguard staff who suffer adversely as a result of speaking up.
- Will be conducting a targeted comms campaign reinforcing the confidential and anonymous capability of the Work in confidence platform.
- Continues to set clear expectations with staff about the process and outcomes when concerns are raised through the FTSU route.

We anticipate that the actions set out will help strengthen staff trust, improve transparency, and support a culture where colleagues feel confident to speak up.

4. FTSU Data Analysis Q1-Q4 2025/26 (1ST April 2025-31st March 2026)

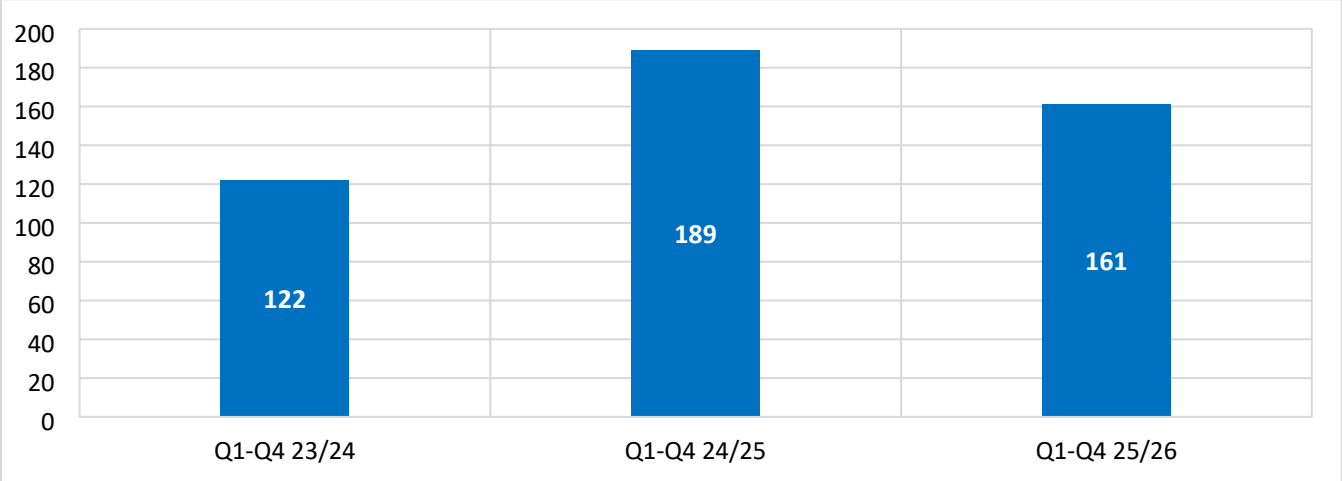
Total FTSU Concerns April 2025 – March 2026 (Q1-Q4 2025/26)

Fig 1.3 FTSU concerns Q1-Q4 2025/26



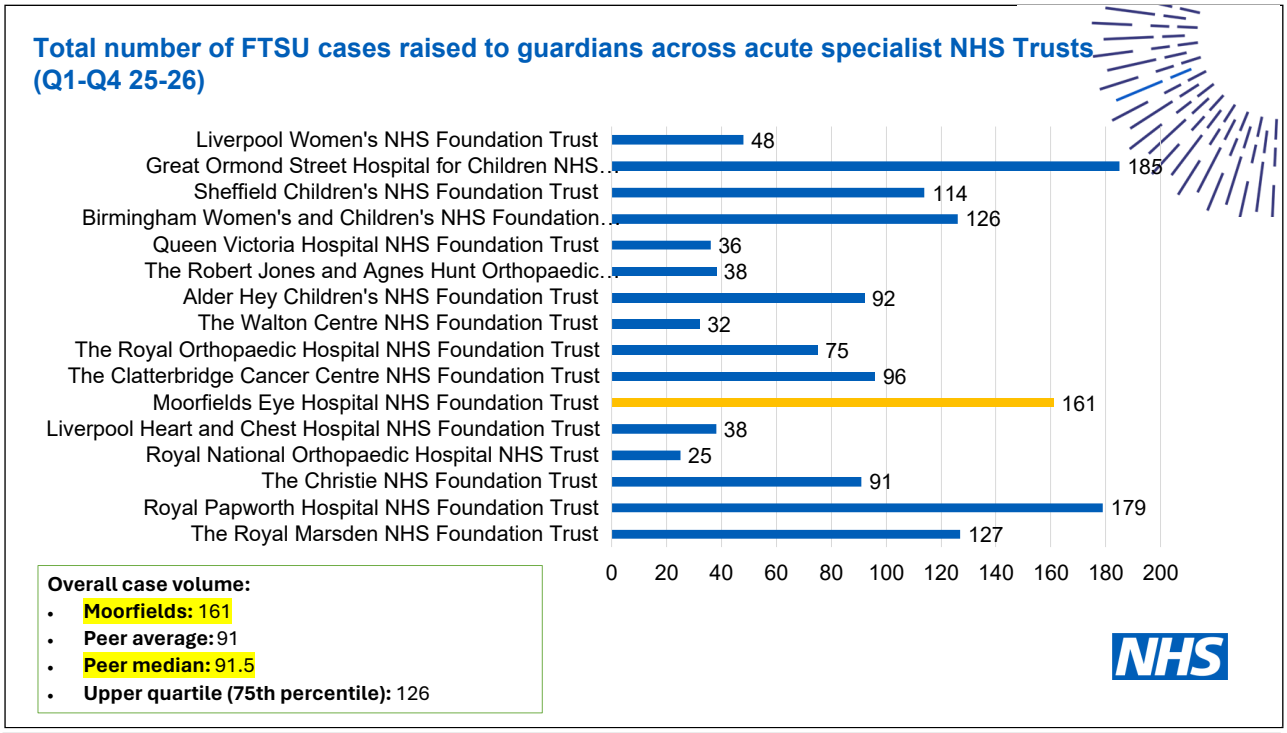
*Please note: For a number of concerns raised, a group of individuals have raised a common concern, in this situation, each individual involved is counted as a separate case.

Fig 1.4 Total FTSU concerns Q1-Q4 23/24, 24/25 and 25/26



There were 161 cases raised through the Freedom to Speak Up route during Q1-Q4 25/26. The service saw a reduction of 28 cases compared to Q1-Q4 24/25. This may be attributed to the cross-service partnership with divisional teams and HRBP/P&OD partners which has helped to de-escalate and resolve concerns more quickly. Though case numbers have fallen, case complexity has increased, with many cases requiring involvement from several teams to provide appropriate resolution and support. Q4 2025/26 saw the highest number of cases reported to the FTSU team (60) with 27 of these cases raised by a team of IVT nurses speaking up collectively regarding a consultation process.

Fig 1.5 NGO Acute Trust Benchmarking- Total FTSU Cases Q1-Q4 2025/26



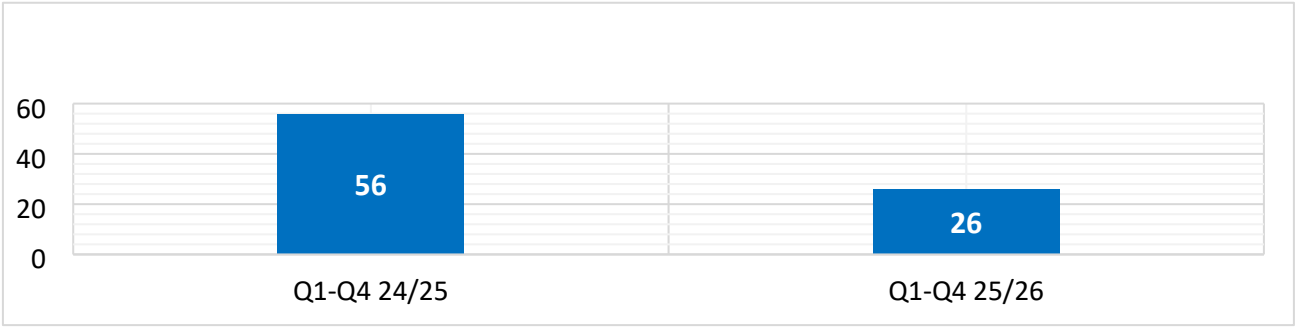
Comparator group used for benchmarking:

- Type: Acute Specialist NHS Trust
- Size: Small (≤5,000 staff) and Medium (5,000-10,000)
- Dataset size: 16 organisations

Please note: the acute specialist peer group demonstrates wide variation in total FTSU activity, reflecting differences in workforce size, clinical complexity, maturity of speaking-up culture, and reporting confidence.

Fig 1.5 shows a substantial variation in reported case volumes, ranging from organisations reporting very high levels of case reporting, to minimal case activity. Moorfields stands as a high reporting organisation, ranking third among benchmarked acute specialist Trusts. The volume of speaking up activity can be viewed positively as evidence that there is a strong reporting culture, where staff actively engage with the service; rather than a Trust with higher levels of organisational problems. Other indications suggest high use of the service may be due to good visibility of the guardian team and a mature reporting culture compared to other acute specialist Trusts.

Fig 1.6 FTSU Anonymous case reporting Q1-Q4 24/25 and Q1-Q4 25/26



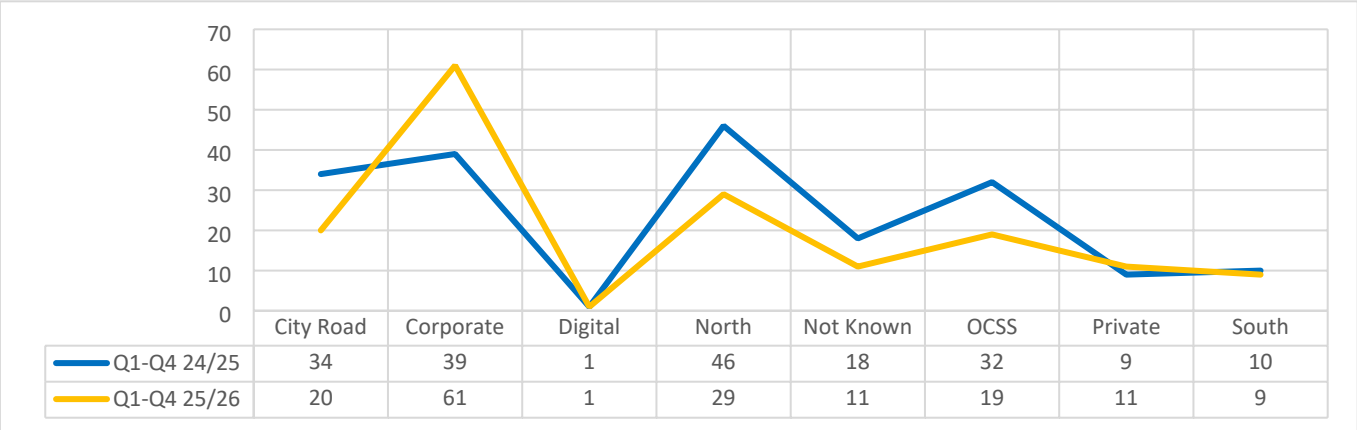
During Q1-Q4 25/26, 16% of FTSU cases were raised anonymously, with the remaining 84% raised confidentially or openly to the guardian team. The data provides evidence that anonymous reporting is present but not dominant. Fig 1.5 also shows a significant decline (↓30 cases) in anonymous reporting

from Q1-Q4 24/25 (56) to Q1-Q4 25/26 (26), strongly indicating that staff have shifted to feeling more psychologically safe to disclose identifiable information when speaking with the guardian team.

When benchmarked against peers, Moorfields anonymous reporting ranks higher than average, indicating that there is still reluctancy for staff to speak up confidentially. Opportunities to strengthen psychological safety should be explored.

Where are staff speaking up from?

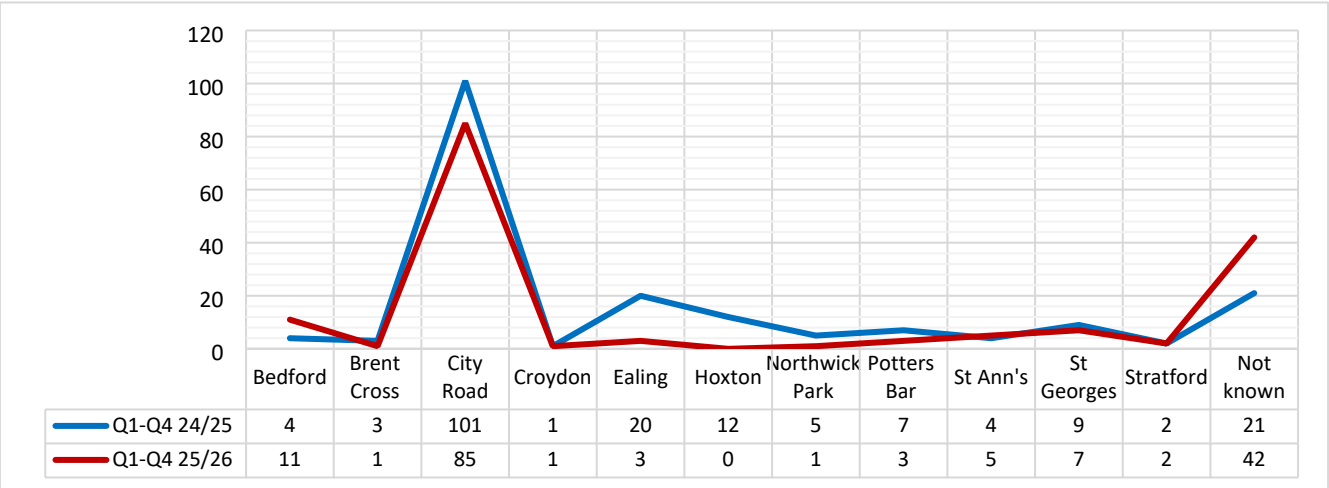
Fig 1.7 Concerns raised by division Q1-Q4 24/25 and Q1-Q4 25/26



	City Road	Corporate	Digital	North	Not Known	OCSS	Private	South
Q1-Q4 24/25	34	39	1	46	18	32	9	10
Q1-Q4 25/26	20	61	1	29	11	19	11	9

Fig 1.7 shows a variation in case reporting for divisions. There is a general case reduction seen in Q1-Q4 25/26 for most divisions when compared to Q1-Q4 24/25. For digital directorate case reporting, figures have stayed consistent, whilst corporate division has increased considerably accounting for the largest number of cases raised during Q1-Q4 25/26. This marked increase can be attributed to 27 staff nurses speaking up collectively, in addition to teams who may not have usually spoken up through the FTSU route, gaining confidence to use the service.

Fig 1.8 Concerns raised by site Q1-Q4 24/25 and Q1-Q4 25/26



	Bedford	Brent Cross	City Road	Croydon	Ealing	Hoxton	Northwick Park	Potters Bar	St Ann's	St Georges	Stratford	Not known
Q1-Q4 24/25	4	3	101	1	20	12	5	7	4	9	2	21
Q1-Q4 25/26	11	1	85	1	3	0	1	3	5	7	2	42

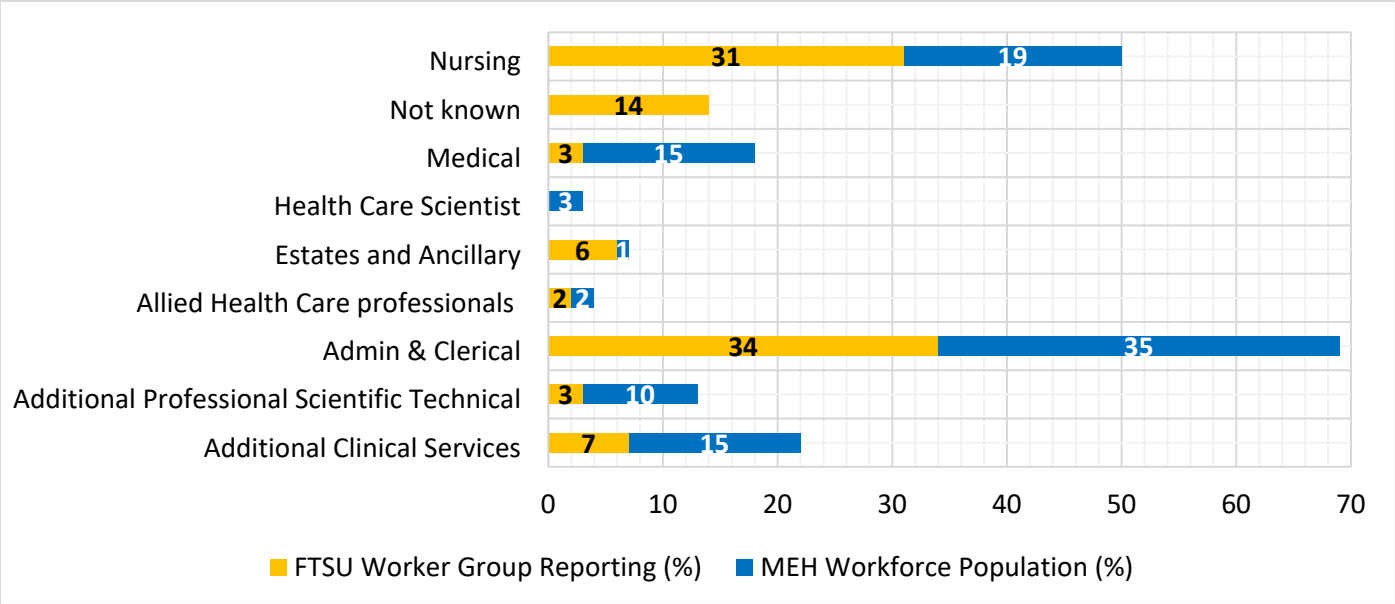
53% of FTSU cases have been raised by staff working at City Road site. This accounts for a large proportion of total cases raised, but correlates with a large number of divisions/departments based at City Road site, as well as a high number of staff based in this location. The distribution of site reporting is a fair representation of the workforce Trust wide, as around 60% of staff are based at City Road and

40% across the remaining MEH sites. Case reporting has decreased from Q1-Q4 24/25 reporting for many site locations. It is encouraging that some sites which previously reported higher numbers of cases, such as Hoxton site, have not raised further concerns following restorative work and management intervention. The data suggests that action taken by management has been effective and continues to have a positive impact. Subsequent site visits have been conducted at this location, with no new concerns raised.

Who is speaking up?

FTSU professional/worker group data is recorded in line with the National Guardian's Office professional worker group categories.

Fig 1.9 Percentage of FTSU cases raised by worker group and MEH worker group proportions Q1-Q4 25/26



Admin and clerical workers accessed the FTSU service the most out of all worker groups, accounting for 34% of FTSU cases raised during Q1-Q4 25/26. Reporting rates were relatively high for this worker group, but it is important to note that they also make up the largest workforce population (35%) at MEH

Closely following behind admin and clerical staff were Nurses, who accounted for 31% of concerns raised, but only account for 19% of the MEH workforce. High reporting rates for this worker group can be attributed to a group (27) of nursing staff speaking up collectively. Data from Q1-Q4 24/25 showed Nurses raising only 13% of FTSU cases.

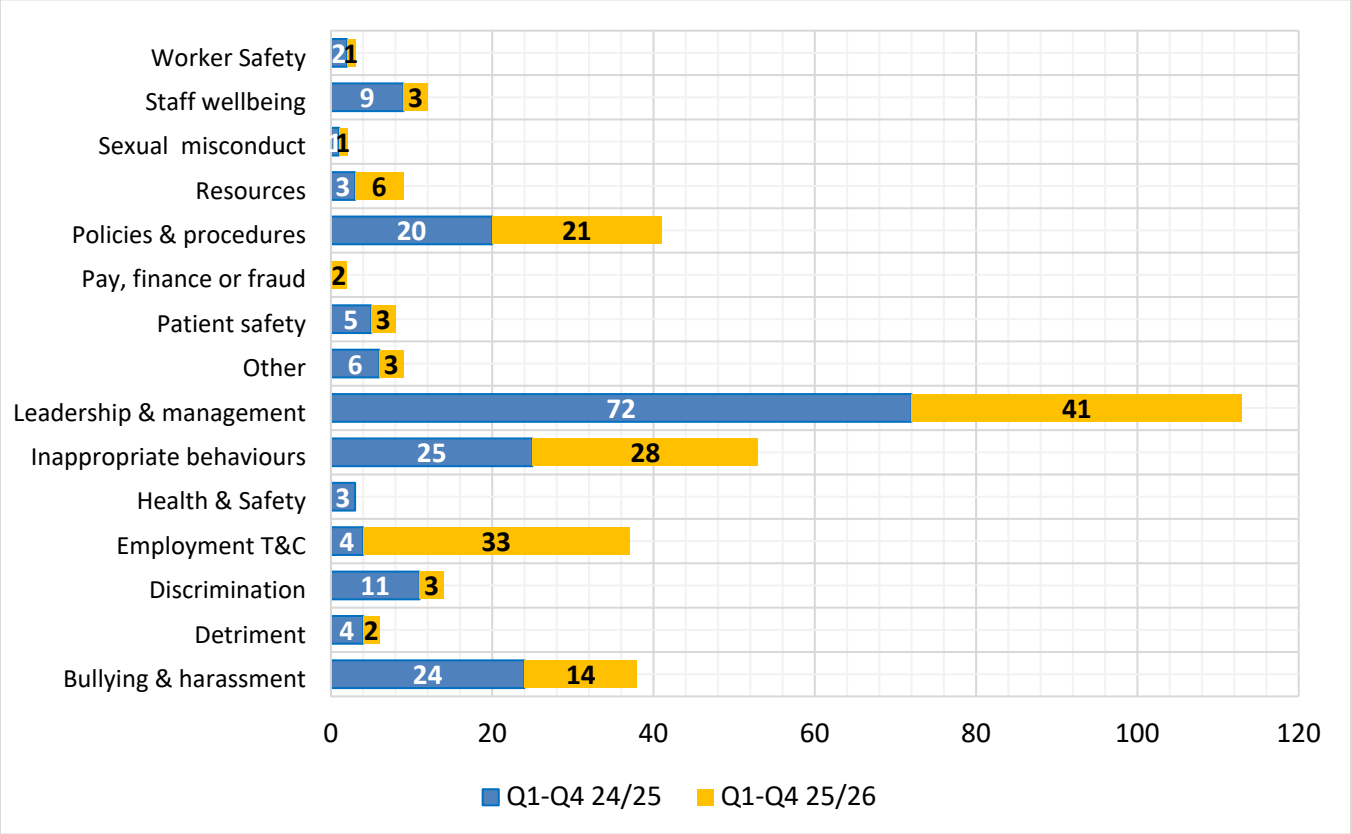
Low speaking up reporting continues into Q1-Q4 25/26, with medics, healthcare scientists, AHP's and additional professional scientific technical staff raising 3%, 0%, 2% and 3% of FTSU cases respectively. The guardian team conducted a campaign targeting under-represented groups during Freedom to Speak Up month in October 2025. The team also invited the General Medical Council (GMC) to present to medical staff across the Trust via 'lunch &learn' webinars, to promote professional standards and the importance of medical staff raising concerns. The data in figure 1.9 highlights the importance of triangulating information to provide assurance that staff groups with lower speaking-up rates are receiving appropriate support through other channels and therefore may not need to use the FTSU

route. The FTSU team will undertake further targeted engagement and proactive work with low reporting staff groups, to support those who may wish to use the FTSU service.

Themes of concerns raised to Freedom to Speak Up

When staff speak up, their concerns are recorded through a set of defined categories/themes.

Fig 2.0 Concerns raised by themes (Q1-Q4 24/25 and Q1-Q5 25/26)

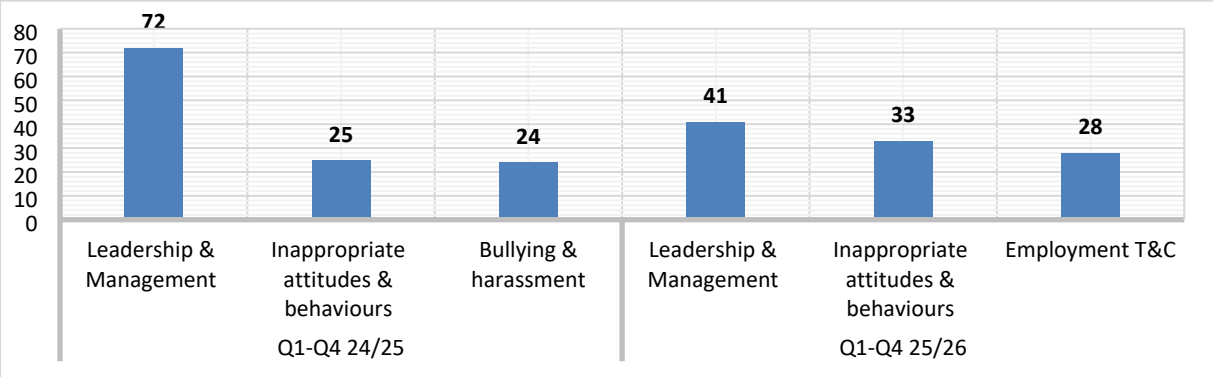


*Please note that there were no cases raised with themes regarding health and safety during Q1-Q4 2025/26.

Table 1.2 Themes raised during Q1-Q4 2025-26

Themes	Total Cases	% of Total Cases
Bullying & harassment	14	9%
Detriment	2	1%
Discrimination	3	2%
Employment T&C	33	20%
Sexual Misconduct	1	1%
Inappropriate attitudes and behaviours	28	17%
Leadership & management	41	25%
Other	3	2%
Patient safety	3	2%
Pay, finance or fraud	2	1%
Policies & procedures	21	13%
Resources	6	4%
Staff wellbeing	3	2%
Worker Safety	1	1%
Total	**161**	**100%**

Fig 2.1 Leading themes raised to FTSU team (Q1-Q4 24/25 and Q1-Q4 25/26)



During Q1-Q4 25/26, prominent themes reported were leadership & management, employment terms & conditions and inappropriate attitudes & behaviours (25%, 20% and 17% respectively). A large proportion of the employment T&C cases can be attributed to several Nurses staff speaking up about a consultation process. Data shows that reporting for this theme has been generally much lower (2%), as recorded in Q1-Q4 24/25. There has been an overall reduction in case reporting seen in Q1-Q4 25/26 for several themes (worker safety, staff wellbeing, patient safety, discrimination, detriment and bullying & harassment).

Thematic benchmarking analysis also shows MEH reporting lower rates compared to other acute Trusts for several themes.

Patient safety / quality

- **Moorfields:** 4
- **Peer median:** 6
- **Upper quartile:** 20

Worker safety / wellbeing

- **Moorfields:** 1
- **Peer median:** 21
- **Upper quartile:** 35.5

Bullying / harassment

- **Moorfields:** 14
- **Peer median:** 13.5
- **Upper quartile:** 22.5

Other inappropriate behaviours

- **Moorfields:** 28
- **Peer median:** 33.5
- **Upper quartile:** 58.25

Disadvantageous / demeaning treatment

- **Moorfields:** 2
- **Peer median:** 0
- **Upper quartile:** 2.5

Benchmarking data provides assurance that Moorfields Eye Hospital has a healthy speaking up culture that is well embedded in the organisation. There has been a marked improvement in anonymous reporting (↓30 cases), but further work will be undertaken by the FTSU team to strengthen psychological safety for staff speaking up. Our higher case reporting compared to peers, demonstrates that staff engage with the service and feel confident to raise concerns to the guardian team. Patient safety and worker wellbeing themes are significantly lower than comparators. Triangulation against PSIRF and wellbeing data will be conducted to confirm that staff are using alternative systems to report these themes, rather than under-reporting through the FTSU route. Our bullying and harassment reporting broadly aligns with peers. Inappropriate attitudes and behaviour reporting falls below the peer median, and can be described as moderate, but not high compared to peers. These results are positive and indicate the effectiveness of the wider proactive and reactive work being conducted by the

Trust and FTSU team in improving values and behaviours of staff and managers. Our disadvantageous/demeaning treatment (detriment) figures fall within the upper range of the peer group, but within normal distribution. To help safeguard staff from detriment as a result of speaking up, completion of the FTSU detriment policy will be expedited for review and ratification through the FTSU steering group and Policy and Procedure Review Group (PPRG).

5. NHS Staff Survey Results 2025 – Data Triangulation

The National NHS staff survey is undertaken annually to measure workplace experience, staff engagement and wellbeing levels of workers in NHS organisations. The People Promise themes for 'We Each Have a Voice That Counts: Raising Concerns' gives a good indication of the speaking up culture of an organisation. Please note, staff use various routes to raise concerns (e.g. through a HR formal process, speaking with line managers, safeguarding reporting, incident reporting, exit interviews etc), therefore results for this theme, does not provide a direct correlation with staff satisfaction or experience of using the FTSU service.

63% of staff completed the NHS staff survey 2025. MEH scores were benchmarked against 13 acute specialist Trusts for People Promise elements and themes results. Please see **Appendix B** for a detailed analysis of scoring and triangulation.

People Promise Element 3 – We Each Have a Voice That Counts: MEH's score decreased slightly from 6.73 in 2024 to 6.64 in 2025 (-0.09). Whilst performance remains below the peer average (6.81), the gap to peers reduced from 0.22 to 0.17 points, reflecting a smaller decline than seen across comparator organisations. This suggests that, although staff perceptions of voice and speaking up remain an area for improvement, Moorfields' relative position within the benchmark group has strengthened slightly.

Raising Concerns: The Raising Concerns sub-score decreased from 6.50 in 2024 to 6.41 in 2025 (-0.09). Whilst performance remains below the peer average (6.60), the gap to peers reduced from 0.27 to 0.19 points, reflecting a smaller decline than that seen across comparator organisations. This suggests that staff confidence in raising concerns remains an area for improvement, although Moorfields' relative position within the benchmark group has strengthened slightly.

Q20a – I would feel secure raising concerns about unsafe clinical practice
Positive responses decreased slightly from 68.19% to 67.17% (-1.02 percentage points). Although the score remains comparatively strong, it is 5.09 percentage points below the peer average. The sub-scoring data indicate that most staff continue to feel secure raising concerns about unsafe clinical practice, but performance remains below comparator organisations, suggesting there is further opportunity to strengthen confidence in speaking up.

Q20b – I am confident that my organisation would address my concern
This measure declined from 59.71% to 58.18% (-1.53 percentage points) and sits marginally below the peer average of 58.90%. It is positive to note that MEH scoring closely reflects the peer average, but further work to ensure concerns are acted upon would help to build staff confidence.

Q25e – I feel safe to speak up about anything that concerns me in this organisation
This score decreased marginally from 58.99% to 58.34% (-0.65 percentage points). MEH remains 6.23 percentage points below the peer average, representing the largest benchmark gap across the four indicators. While year-on-year movement is relatively small, staff are considerably less likely than peers

to report feeling safe to speak up about concerns generally. The data suggest that strengthened psychological safety would help to improve staff confidence in speaking up.

Q25f – If I spoke up about something that concerned me, I am confident my organisation would address my concern

This indicator fell from 51.85% to 49.83% (-2.02 percentage points), dropping below 50% positive responses and remaining 3.31 percentage points below the peer average. The data shows fewer than half of respondents are confident that concerns they raise will be addressed. This suggests that visible feedback, learning, and organisational responsiveness continue to be areas requiring attention.

Both the FTSU data Q1-Q4 25/26 and MEH's NHS staff survey results 2025 are broadly consistent. Findings from the staff survey reinforce result from FTSU data reporting Q1-Q4 25/26.

Table 1.4 Triangulated data analysis: NHS Staff Survey 2025 and FTSU data reporting Q1-Q4 25/26

Indicator	Staff Survey	FTSU Data	Triangulated Finding
Confidence to speak up	63% response rate (above peer average)	161 cases raised Sustained reporting across all quarters with a significant increase in Q4 25/26	Relatively high staff survey response rate and high FTSU case reporting, indicate staff are engaged and willing to use different routes to have their voices heard.
Confidence concerns will be addressed	Q20b: ~58% staff felt safe to speak up Q25f: only ~50% believed concerns would be addressed	High reporting volumes suggest staff are using available speaking up routes Low reported detriment cases	Reporting mechanisms appear trusted enough to use but confidence in organisational response remains an opportunity for improvement
Psychological safety	Q25e: largest benchmark gap	16% anonymous reports- higher than peers Staff doubts around confidentiality of WIC platform	Staff less likely than peers to report feeling safe to speak up. Continued concern about being identified when speaking up.
Workplace culture	Staff survey identifies discrimination, harassment and inclusion concerns.	Poor leadership/management and inappropriate behaviours account for a substantial proportion of cases.	Staff survey provides evidence of differential experiences for some staff groups, while FTSU data suggests behavioural concerns remain prominent organisationally. Culture, behaviours and inclusion remain among the most significant organisational themes requiring sustained attention.
Patient safety/Wellbeing	Slight increase in reporting of burnout and wellbeing pressures one-third of staff report burnout. Morale score 6.04.	Significantly lower patient safety and worker safety/wellbeing concerns reported compared to peers Only one worker safety/wellbeing case reported	Disconnect. Staff survey results identify wellbeing challenges, but largely absent from FTSU reporting. Possible underreporting of patient safety and wellbeing concerns or concerns are being raised through

Indicator	Staff Survey	FTSU Data	Triangulated Finding
	Safe and Healthy score below the best-performing organisations.		alternative routes. Further triangulation required.

The data indicates that staff engage well and speaking up is well embedded in the Trust, which is evidenced by high FTSU activity and survey participation. The findings also suggest that improving psychological safety and increasing visibility of actions taken in response to concerns, should remain organisational priorities.

6. Key Priorities Q1-Q4 2026/27

As well as continued reactive and pro-active business as usual activities, key priorities for the service include:

- Continued delivery of FTSU leadership and management training Trust wide
- Continued collaborative working through the development of the FTSU-HR/OD MDT group, with a key focus on triangulation of information, creation of a whistleblowing policy and strengthening exit interview data.
- Supporting underrepresented and low reporting worker groups (IEN's, bank staff, medics, BAME staff and those who fall under a protected characteristics) with wider access to the FTSU team and speaking up resources.
- Improving data triangulation through the creation of a multi-service Qliksense dashboard
- Evaluation of service delivery through the completion of NHSE's board reflection toolkit
- Introduction of a FTSU detriment policy to help safeguard staff who suffer detriment as a result of speaking up.

Trust Board and People and Culture Committee will be updated on the progress of activities through quarterly FTSU reporting throughout Q1-Q4 2026/27.

Appendix A

FTSU Proactive Activity Q1-Q4 2025/26

FTSU Proactive Activity_Q1-Q4 2025-

Appendix B

NHS Staff Survey Results 2025-Data Analysis

NHS Staff Survey Results 2025 – Data A

FTSU PROACTIVE ACTIVITY Q1-Q4 2025-26 (including site visits, guardian and champion activity)

FTSU Proactive Activity		Site Visits		Guardian Activity	Champion Activity
Activity type	Date	Location	Date	Activity type	Activity type
Champion's refresher training- annual training for champions, delivered by guardian team	22/05/25	Hoxton	07/04/25	MEH Guardian team meeting x12 (1 hour)	FTSU champion refresher training (1 hr)
Community of practice for Internationally Educated Nurses (IEN) – FTSU presentation for IEN staff	03/09/25	Richard Desmond Children's Eye Centre	09/04/25	NGO lunch & learn webinars x9 (30min-1hr)	Monthly champions meeting x11 (1hr)
MEH Leadership Academy Programme (LAP) graduation ceremony- Guardian representation	04/09/25	Bedford Hospital	22/04/25	London Guardian regional meeting x 12 (1hr)	Work In Confidence promotion in local teams
Equality 4 Black Nurses lunch & learn – Addressing equity and inclusion in healthcare	08/10/25	City Road: Pathology – Clinic 5	23/04/25	Annual NGO refresher training (1hr)	FTSU case escalation to guardian team
Wear Green Wednesday- A visual show of solidarity for speaking up	08/10/25	St George's Hospital	12/05/25	Understanding Sexual Misconduct in the Workplace Training (30min)	Understanding Sexual Misconduct in the Workplace Training (30min)
FTSU & GMC lunch & learn- GMC professional standards and the importance for medical staff to raise concerns	16/10/25 24/10/25	Ealing Hospital	12/06/25	BLMK ICS community of practice event	Host a drop-in listening session for team
BeMoor Black History Month: Experts in our midst celebration – FTSU attendance	17/10/25	St Ann's Hospital	13/06/25	MEH active bystander training	FTSU newsletter distribution
FTSU Prostate cancer awareness lunch & learn- Linking health awareness supplied by the Institute of cancer research with the importance of speaking up about health issues.	29/10/25	Estates & Facilities	11/07/25	Handling & supporting disclosures of sexual misconduct	Promotion of FTSU service to bank staff
FTSU & BeMoor listening event- A collaborative space for dialogue on race, equality, and voice in the workplace	30/10/25	Facilities: Medirest (listening event)	31/07/25	NHSE FTSU guardian's engagement session	Monthly data recording

FTSU & EDI allyship lunch & learn – Support allies can provide by working in solidarity and empowering underrepresented groups.	06/11/25	Research & Innovation: Reading Centre (listening event)	26/08/25	Capsticks webinar: How to deal with an allegation of sexual misconduct	Case scenario practice
'BRAP' Training: Equitable treatment of cases where 'race' may be a factor (2-day workshop)- FTSU attendance	16/01/26 29/01/26	Hoxton	01/10/25	NHSE facilitator training for handling & supporting disclosures of sexual misconduct-lead guardian only	NGO lunch & learn webinars
MEH All Staff Briefing (ASB)- RSM risk audit feedback questionnaire findings presented to staff at ASB	26/01/26	Kemp House	02/10/25	Unconscious bias & anti-racism training (2-day workshop)	FTSU site visit support
FTSU Champions Network Expansion (recruitment): shortlisting, interview & appointment	03/11/25 24/02/25 01/05/26	Potters Bar	06/10/25	NHS National Muslim Network: Anti-racism & Islamophobia summit	BLMK ICS community of practice event
Drop-in support session for colleagues affected by ongoing crisis in the Middle East-FTSU representation and support provided to staff	03/03/26 06/03/26	City Road (canteen roadshow)	07/10/25		**Guest Speakers at Champion Meeting's**
FTSU policy updated - version 7.2	05/03/26	Moorfields Private: Canteen	09/10/25		North Divisional Manager
PROTECT consultation meeting and presentation: whistleblowing charity consultancy fees and membership	09/03/26	Richard Desmond Children's Eye Centre	10/10/25		Professional Nurse Advocate (PNA) team
Corporate Induction x 11 (30minute sessions)	07/04/25-04/03/26	Ealing Hospital	14/10/25		Safeguarding team
		Stratford	15/10/25		Shared Decision Making (SDM) team
		St George's Hospital	21/10/25		City Road Head of Nursing – Theatres & Anaesthetics
		Nelson Health Centre	21/10/25		
		Croydon Hospital	27/10/25		
		Moorfields Private: New Cavendish Street	27/03/26		

NHS Staff Survey Results 2025 – Data Analysis and Triangulation

Table 1.1 MEH NHS Staff Survey Results 2024 & 2025-We each have a voice that counts (**Autonomy and control + Raising Concerns**)

Promise Element 3: We Each Have a Voice That Counts

Measure	2024	2025	Change
MEH Score	6.73	6.64	-0.09
Peer Average	6.95	6.81	-0.14
Gap to Peer Average	-0.22	-0.17	+0.05 improvement

Note: People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

Table 1.2 MEH NHS Staff Survey Results 2024 & 2025-We each have a voice that counts (Theme: **Raising Concerns**)

Promise Element 3: We Each Have a Voice That Counts **Sub-score: Raising Concerns**

Measure	2024	2025	Change
MEH Score	6.50	6.41	-0.09
Peer Average	6.77	6.60	-0.17
Gap to Peer Average	-0.27	-0.19	+0.08 improvement

Table 1.3 MEH staff survey results 2024 & 2025: We each have a voice that counts (sub-scores: Q20a-b, Q25e-f) where staff selected 'Agree' or 'Strongly Agree'

We each have a voice that counts: Raising Concerns (Sub Scores):	MEH 2024	MEH 2025	Change	Peer Average 2025	Gap to Peer
Q20a – I would feel secure raising concerns about unsafe clinical practice	68.19%	67.17%	-1.02pp	72.26%	-5.09pp
Q20b – I am confident that my organisation would address my concern	59.71%	58.18%	-1.53pp	58.90%	-0.72pp
Q25e – I feel safe to speak up about anything that concerns me in this organisation	58.99%	58.34%	-0.65pp	64.57%	-6.23pp
Q25f – If I spoke up about something that concerned me, I am confident my organisation would address my concern	51.85%	49.83%	-2.02pp	53.14%	-3.31pp

Cover Sheet	
Report title	Report on Gender Pay Gap, Workforce Race Equality Standard, and Workforce Disability Equality Standard.
Meeting	People and Culture Committee
Date	16 July 2026
Report from	Sue Steen, Chief People Officer
Prepared by	Ade Adetukasi, Associate Director of Employee Experience
Previous forum consideration	

Relevant strategic objectives	Working together	**X**	Discover		Develop		Deliver		Sustainability and Scale	

Purpose of report	Assurance	**X**	Decision		Discussion	**X**	For information	

Executive Summary

This paper presents the 2026 Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) reports alongside the 2025 Gender Pay Gap (GPG) Report. Together, these reports provide an overview of workforce equality, diversity and inclusion across the Trust, highlighting areas of progress while identifying persistent inequalities that continue to affect staff experience, representation, career progression and pay.

Key Findings

Workforce Race Equality (WRES)

- BME representation increased to 61.23% of the workforce, remaining significantly above the national NHS average of 30% and higher than the London average of 52%.
- Recruitment outcomes for BME applicants improved, moving closer to parity with white applicants.
- Representation of BME colleagues in Board roles has improved from 0 to 20%.
- However, BME staff continue to report:
  - Higher levels of harassment, bullying and discrimination than white colleagues.
  - Lower confidence in equal opportunities for career progression, with this indicator deteriorating compared to the previous year.
- Representation of BME colleagues in senior leadership and Board positions remains below overall workforce demographics.

Workforce Disability Equality (WDES)

- Disabled staff reported a modest improvement in feeling valued by the organisation.
- There was a reduction in the proportion of disabled staff reporting pressure to attend work when unwell.
- Despite these improvements, disabled staff continue to report significantly poorer experiences than non-disabled colleagues across several indicators, including:
  - Recruitment outcomes.
  - Harassment, bullying and discrimination.
  - Career development and progression opportunities.
  - Access to reasonable adjustments.
  - Organisational inclusion.
- There remains no disabled representation at Board level.

Gender Pay Gap (GPG)

- The Trust's gender pay gap reduced to its lowest level since 2022:
  - Mean gender pay gap reduced from 21.23% to 16.95%.
  - Median gender pay gap reduced from 17.41% to 15.68%.
- Female representation in the upper pay quartile increased from 50.32% to 53.61%.
- Women remain underrepresented in consultant and senior leadership roles despite representing approximately two-thirds of the workforce. However, female consultant representation has improved from 40% in 2024 to 43% in 2025, and there are emerging green shoots on the progression of women in our medical workforce.
- The gender bonus pay gap widened in favour of men during 2024/25, reflecting:
  - Historical consultant award arrangements.
  - Differential access to bonus payments.
- The Trust's ethnicity pay gap remains significant, and considerably higher than the 3% – 8% average for specialist Trusts, with:
  - Mean pay gap: 18.46%
  - Median pay gap: 18.85%

Key Insights

- The Trust is making measurable progress in workforce representation, recruitment equity and reducing the overall gender pay gap.
- Improvements in representation are not yet translating consistently into equitable experiences and progression outcomes for all staff groups.
- Career progression remains a significant challenge for women, disabled staff and staff from ethnic minority backgrounds.
- Workforce segmentation, particularly within consultant and senior leadership cohorts, continues to be a major driver of both gender and ethnicity pay disparities.
- Staff experience data suggests that cultural and structural barriers remain, most notably in relation to discrimination, inclusion, career development and access to senior opportunities.
- The gap between workforce diversity and senior leadership representation indicates that further targeted action is required to improve progression into the most senior roles.

Conclusion

The reports demonstrate encouraging progress across a number of key indicators. However, persistent inequalities remain in staff experience, progression, senior representation and pay outcomes. Continued focus on inclusive culture, equitable career opportunities and representative leadership will be required to achieve sustainable improvement and ensure all colleagues can thrive within the organisation.

Next Steps

1. Embedding findings within the Culture Improvement Programme
   The findings and recommendations from all three reports will be incorporated into the Trust's Culture Improvement Programme, ensuring equality, diversity and inclusion are central to the wider programme of organisational culture change. This will provide a coordinated approach to inclusive recruitment, equitable career progression, leadership development, anti-racism, disability inclusion, workforce representation and organisational culture.

2. Targeting key areas of inequality
   Priority actions will focus on improving career progression opportunities for BME and disabled staff, reducing experiences of harassment, bullying and discrimination, strengthening representation at senior levels, improving recruitment equity, supporting progression for women and other underrepresented groups, and addressing the factors that contribute to pay disparities.

3. Strengthening governance and accountability
   Delivery and oversight will be managed through the Trust's existing governance structures, including the Trust Executive Committee, People and Culture Committee, EDI Steering Group and Culture Improvement Programme Working Group. This integrated approach will support robust monitoring of progress, strengthen accountability and enable sustained, measurable improvements in creating a more inclusive, equitable and high-performing workplace.

Action required
The People and Culture Committee is asked to note the Gender Pay Gap, Workforce Race Equality Standard, and the Workforce Disability Equality Standard for assurance.

Quality implications
Delivery of the EDI programme continues to have a direct and measurable impact on the quality of care, patient experience and staff wellbeing. A diverse and inclusive workforce is strongly associated with improved clinical outcomes, higher patient satisfaction and safer services. Strengthened EDI insight, improved leadership behaviours and fairer recruitment processes contribute to a more engaged workforce, which in turn improves compassion, communication and overall care standards.

Financial implications
EDI delivery has both cost pressures and financial opportunities. Investment in leadership development, data systems (such as EDI dashboards), and training programmes is required to maintain progress. However, these investments mitigate wider organisational costs by reducing turnover, sickness absence and employee relations cases—each of which has a significant financial impact when unmanaged.

The shift toward a Cultural Improvement Programme allows the trust to consolidate resources and deliver EDI, leadership and values initiatives more efficiently.

Risk implications
Failure to meet statutory duties under the Equality Act 2010, the Public Sector Equality Duty, WRES, WDES and gender pay reporting requirements exposes the Trust to regulatory, legal and reputational risk. Gaps in representation—particularly at senior levels—carry a risk of reduced Board diversity, limited decision-making insight, and potential challenge from regulators or external partners. Mitigating these risks requires sustained governance oversight, timely action plans, transparent reporting and robust leadership accountability across all departments.

Gender Pay Gap Report 2025

Executive Summary

This Gender Pay Gap (GPG) report presents an analysis of pay disparities between male and female colleagues at MEH as of the snapshot date 31 March 2025. The report highlights both progress and areas for improvement, offering data-driven insights to inform continued action. As of March 2025, MEH's mean gender pay gap stands at 16.95% and the median gap at 15.68%, both showing year-on-year improvements over the last two years. While women make up 67.5% of the workforce, they remain underrepresented in the highest-paid roles, although representation in the upper pay quartile has improved from 50.32% to 53.61%.

Women also remain underrepresented at consultant level, although female consultant representation has improved from 40% in 2024 to 43% in 2025, and there are emerging green shoots on the progression of women in our medical workforce. In headcount terms, female consultants increased from 77 to 80, while male consultants reduced from 115 to 108. In addition, female representation at the most senior levels of the Medical Directorate has improved significantly under the new leadership structure, with both the Chief Medical Officer and Deputy Chief Medical Officer positions now held by women.

Summary of Key Trends:

- Gender pay disparity at MEH continues to be largely driven by underrepresentation of women in senior and consultant-level roles, as well as part-time working patterns.
- The mean and median gender pay gaps have both reduced compared with 2024, indicating improvement in the overall ordinary pay gap.
- Representation in the upper pay quartile has improved for women, from 50.32% to 53.61%.
- The bonus gender pay gap has widened in favour of men, with the mean bonus gap moving from -4.38% to 8.94% and the median bonus gap increasing from 6.39% to 13.43%.
- Ethnicity Pay Gap (EPG) analysis continues to show disparities, with the mean EPG reducing slightly from 18.95% to 18.46%, while the median EPG increased from 17.62% to 18.85%. The Trust's mean EPG remains significant, and considerably higher than the 3% – 8% average for specialist Trusts.

Conclusion

Addressing the GPG requires long-term and structural change interventions. Key ongoing interventions launched or expanded in 2024/25 include:

- Continued development of the Women's Network as a platform to champion women's interests and progression.
- Continued delivery of the Career Sponsorship Programme, offering tailored support and leadership development to women and staff from Black, Asian and minority ethnic groups.
- Implementation of action plans informed by the WRES Model Employer framework to address recruitment equity and bias.
- Ensuring equal representation of women in the new band 4 -7 leadership development programme cohorts.

We remain committed to building an inclusive workplace where all colleagues, regardless of gender or background, have equal opportunities to thrive and progress. This report reflects both our transparency and determination to make measurable improvements.

1. Introduction

1.1. At Moorfields Eye Hospital, we are committed to fostering an inclusive and equitable workplace where everyone, regardless of gender, has equal opportunities to thrive. In line with statutory requirements for all employers with more than 250 staff, we publish our Gender Pay Gap data annually. This report presents our latest findings as of 31 March 2025, as required under the Equality Act 2010. It highlights key trends, challenges, and actions we are taking to support gender equity across all roles and pay bands.

1.2. We view this not just as a compliance exercise, but as part of our ongoing commitment to transparency and fairness — actively addressing the root causes of pay disparities and building a culture where talent is recognised, supported, and rewarded fairly. Whilst both equal pay and the gender pay gap deal with disparity in pay between men and women, they are two different issues:

- Equal pay means that men and women in the same employment performing equal work must receive equal pay, as set out in the Equality Act 2010.
- The gender pay gap is a measure of the difference between men's and women's average earnings across an organisation. It is expressed as a percentage of earnings and represents the difference between the mean hourly rate of ordinary pay of male and female employees, and the difference between the median hourly rate of ordinary pay of male and female employees.

2. Gender Pay Gap

In common with many organisations, including other NHS trusts, MEH continues to have a gender pay gap. As of 31 March 2025, the average hourly pay for male employees was £31.51, while for female employees it was £26.17 — a difference of £5.34, resulting in a mean gender pay gap of 16.95%. The median hourly rate — which compares the midpoints of male and female earnings — also shows a gap: male employees earned £27.17, compared to £22.91 for female employees. This equates to a median pay gap of £4.26 or 15.68%. Both the mean and median pay gaps have reduced from 2024, where the figures stood at 21.23% and 17.41% respectively and stand at their lowest point since 2022.

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	£31.51	£27.17
Female	£26.17	£22.91
Difference	£5.34	£4.26
Pay Gap %	16.95%	15.68%

Table 1: Average Hourly Rate and Median Hourly Rate (Gender Pay Gap) – 2025

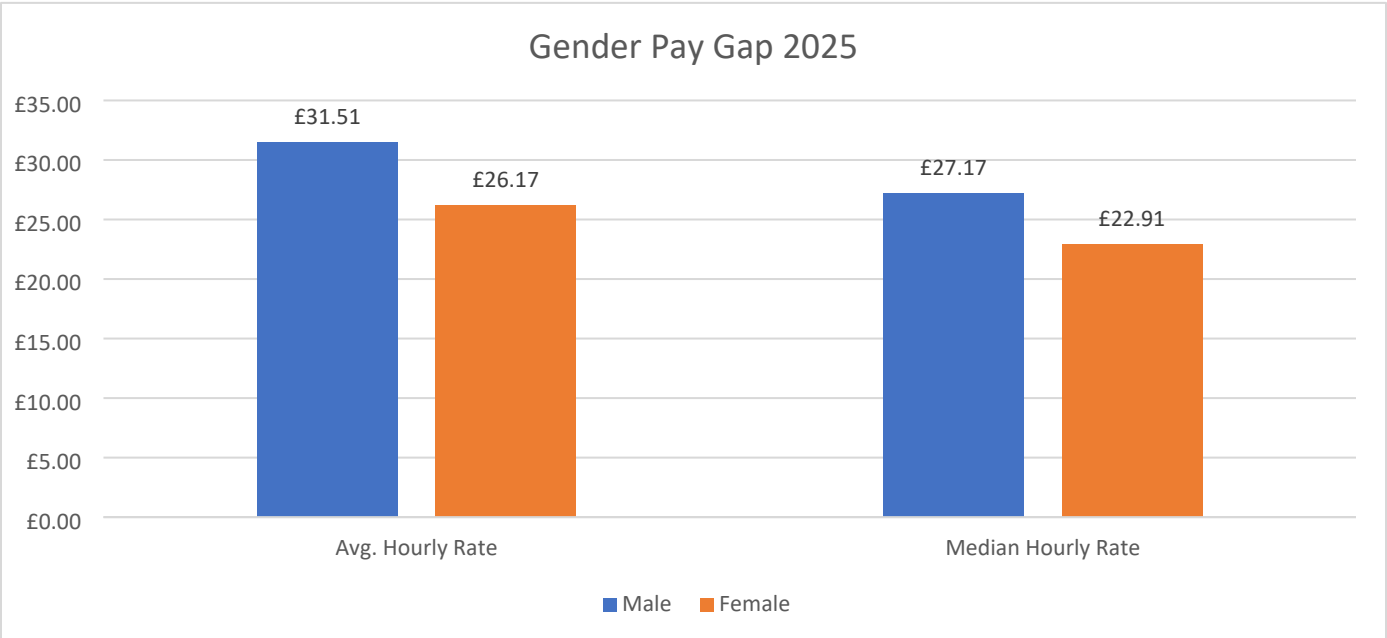


Figure 1: Average Hourly Rate and Median Hourly Rate (Gender Pay Gap) – 2025

Year	Mean Pay Gap (%)	Median Pay Gap (%)
2022	17.36	17.88
2023	17.86	16.52
2024	21.23	17.41
2025	16.95	15.68

Table 2: Average and Median Gender Pay Gap – 2022 to 2025

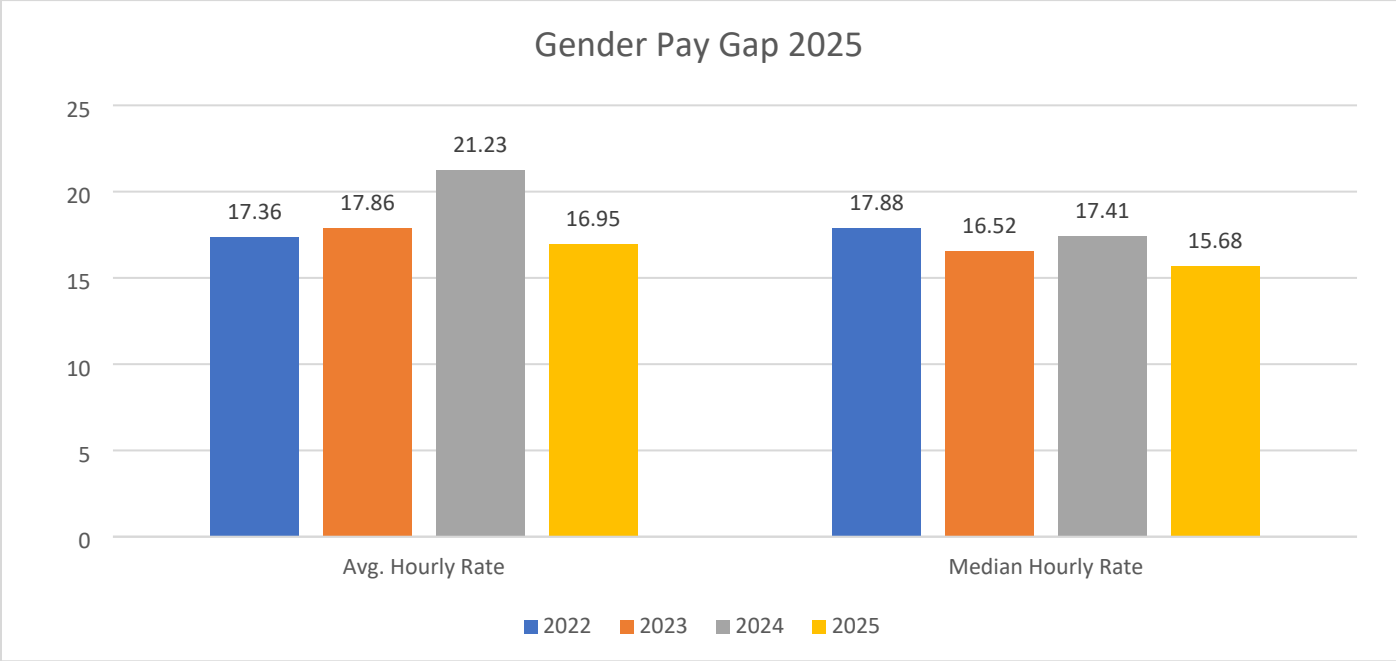


Figure 2: Average and Median Gender Pay Gap – 2022 to 2025

Between 2022 and 2025, MEH's gender pay gap has fluctuated, with the mean pay gap increasing between 2022 and 2024 before reducing in 2025 to 16.95%, below the levels reported in both 2023 and 2024. The median pay gap has also reduced to 15.68%, the lowest point in the four-year period. This indicates positive movement in the overall ordinary pay gap. However, the continuing gap demonstrates that pay remains skewed in favour of men, particularly as a result of workforce distribution across senior and higher-paid roles.

The cause of the gender pay gap is multifaceted. Women make up 67% of MEH's workforce, broadly consistent with the previous year and with representation patterns across the NHS.

- Our data shows that women continue to be overrepresented in lower-paid roles and occupations, as seen in the staff group breakdown below.
- Women are also more likely to work part-time, which is generally less well-paid than full-time work on a per-hour basis. 27% of women at MEH work part-time, compared to 19% of men. This aligns with broader trends across the UK, where 38% of women and 14% of men work part-time.
- Additionally, women are more likely to take time out of the labour force for caring responsibilities, which can impact career progression and earning potential. Nationally, 58% of carers in the UK are women, compared to 42% being men.
- A deeper analysis of the Medical and Dental workforce shows both progress and continuing structural imbalance. Women represent 48% of this staff group, unchanged from 2024, but female consultant representation has improved from 40% in 2024 to 43% in 2025. In headcount terms, female consultants increased from 77 to 80, while male consultants reduced from 115 to 108. This is encouraging because consultant roles sit within the highest-paid part of the organisation and have a disproportionate effect on the Trust-wide GPG. However, women remain underrepresented at consultant level compared with both the overall MEH workforce and the wider Medical and Dental workforce. Women are represented more strongly in non-consultant career grade roles at 55%, and are equally represented in trainee grades at 50%, which reinforces the importance of maintaining a visible and supported pipeline into consultant and senior medical leadership roles.
- When interpreting Medical and Dental data, it is important to be mindful about using WTE or part-time status as a simple explanation for the gap. Less-than-full-time NHS working in a consultant role may reflect a range of factors, including caring responsibilities, academic or portfolio roles, phased retirement, external leadership activity or private practice commitments. Therefore, WTE alone should not be treated as a complete proxy for career disadvantage or earning potential. For GPG purposes, the more relevant question is how working patterns interact with consultant seniority, pay point, length of service, award history, bonus eligibility, leadership responsibility and access to higher-paid medical pay elements.

Compared to 2024, MEH headcount has increased by 192 overall. Key workforce changes include:

- An increase of 61 female Administrative and Clerical staff (1% less female staff within the Staff Group)
- An increase of 31 female Nursing and Midwifery Registered staff. (1% less female staff within the Staff Group)
- An increase of 7 female Medical and Dental staff, alongside an increase of 4 male Medical and Dental staff (a 34% increase in female staff within the Staff Group)

These trends highlight continuing gender representation patterns within the workforce, while also showing some positive movement in the distribution of women across higher-paid areas. Continued efforts remain important to support equitable career progression for women in all roles.

Staff Overview	Headcount		% in Staff Group	
Staff Group	**Female**	**Male**	**Female**	**Male**
Add Prof Scientific and Technic	199	73	73%	27%
Additional Clinical Services	282	132	68%	32%
Administrative and Clerical	655	315	68%	32%
Allied Health Professionals	46	11	81%	19%
Estates and Ancillary	3	37	8%	93%
Healthcare Scientists	42	31	58%	42%
Medical and Dental	191	204	48%	52%
Nursing and Midwifery Registered	439	94	82%	18%
Students	5		100%	0%
Grand Total	1862	897	67%	33%

Table 3: Staff Group Breakdown AfC

Staff Overview	Headcount		% in Staff Group	
Staff Group	**Female**	**Male**	**Female**	**Male**
Consultant	80	108	43%	57%
Non-consultant career grade	83	68	55%	45%
Trainee grades	28	28	50%	50%
Grand Total	191	204	48%	52%

Table 4: Staff Group Breakdown Medical

2.1. Whilst women make up 67% of MEH's workforce, they continue to be overrepresented in the Lower, Lower Middle and Upper Middle pay quartiles, and underrepresented in the Upper pay quartile. However, female representation in the Upper pay quartile has improved from 50.32% in 2024 to 53.61% in 2025.

2.2. Compared to 2024, there has been an increase in female representation in the Upper quartile, marking a positive shift towards improved representation at the highest pay levels. In contrast, the proportion of women in the 50–75% quartile has reduced from 74.85% to 71.85%, although women remain overrepresented in this quartile compared with their overall workforce representation.

2.3. In terms of headcount:

- There are 53 more women in the Upper quartile, increasing from 311 in 2024 to 364 in 2025.
- There are 8 more men in the Upper quartile, increasing from 307 in 2024 to 315 in 2025.

This is reflected in an improvement in female representation at the highest pay levels, which is likely to have contributed to the reduction in the overall mean and median gender pay gaps. However, women remain underrepresented in the Upper quartile relative to their overall workforce representation, and it should be noted that the improvement does not reflect an overall year on year trend. This reinforces the importance of continued efforts to support women's career progression into senior and higher-paid roles.

Quartile	Female	Male	Female %	Male %
0-25%	415	193	68.26%	31.74%
25%-50%	456	188	70.81%	29.19%
50%-75%	513	201	71.85%	28.15%
75%-100%	364	315	53.61%	46.39%

Table 5: Gender by Pay Quartile

3. Medical vs. Non-Medical Gender Pay Gap (2025)

3.1. Granular data shows that a continued driver of the gender pay gap at MEH is the impact our consultant workforce has on pay across the organisation.

Band Groupings	Female		Male		GPG	
	Mean Hrly Rate	Median Hrly Rate	Mean Hrly Rate	Median Hrly Rate	Mean GPG	Median GPG
Band 1-4	£15.89	£15.90	£15.87	£15.90	-0.17%	0.00%
Band 5-7	£24.96	£24.18	£24.99	£24.18	0.14%	0.00%
Bands 8-9	£37.11	£35.12	£39.39	£35.31	5.79%	0.54%
Medical Staffing	£48.57	£49.36	£52.62	£56.04	7.69%	11.92%

Table 6: Medical vs. Non-Medical Gender Pay Gap

3.2. In 2025, the gender pay gap at MEH continues to be influenced by the distribution of men and women across senior and medical roles. However, there has been improvement across most band groupings compared with 2024. In Medical Staffing, the mean gender pay gap has reduced from 10.85% in 2024 to 7.69% in 2025, while the median gap has reduced from 14.67% to 11.92%. This indicates progress, although women remain underrepresented at consultant level, where pay is highest.

3.3. Excluding medical staffing, the mean hourly gender pay gap at MEH is 5.41%, while the median gap is 0%. This reflects a comparatively narrower gap in non-medical roles and compares favourably with the national median gender pay gap of 12.8% reported by the Office for National Statistics in April 2025.

3.4. Within Bands 8–9, the mean gender pay gap has also reduced, from 11.13% in 2024 to 5.79% in 2025, while the median gap remains low at 0.54%. Band 5–7 has improved notably, with the mean gender pay gap reducing from 1.70% to 0.14% and the median gap reducing from 9.90% to 0.00%, indicating parity at the median, an important strengthening of the internal talent pool of applicants for senior leadership roles. Band 1–4 continues to show no median pay gap, with a small negative mean pay gap of -0.17% in favour of women.

3.5. These trends suggest improvement in pay distribution across both medical and non-medical staff groups. However, the remaining gaps in Medical Staffing and Bands 8–9 reinforce the ongoing need for targeted interventions to support equitable career progression and gender balance at senior levels.

4. Bonus Gender Pay Gap

4.1 The Bonus Gender Pay Gap at the Trust continues to be influenced by consultant award arrangements, including historic Clinical Excellence Awards and the transition to National Clinical Impact Awards (NCIAs), which replaced National Clinical Excellence Awards. The contractual entitlement to access an annual Local Clinical Excellence Award round ceased from 1 April 2024, with funding redirected into remuneration. In 2025, the bonus pay gap has widened in favour of men.

4.2. For the period 2024/2025, the Mean Bonus Gender Pay Gap was 8.94%, meaning male colleagues received a higher average bonus than female colleagues (£15,123.46 vs £13,771.73). The Median Bonus Gender Pay Gap was 13.43%, indicating that, at the mid-point, men also received higher bonuses than women (£12,989.40 vs £11,245.01). This represents a widening of the bonus gap compared with 2024, when the mean bonus gap had reversed in favour of women at -4.38%, while the median bonus gap stood at 6.39%.

4.3. Bonus pay continues to be affected by the gender profile of the consultant workforce, Full Time Equivalent (FTE) working patterns, historic award arrangements, and the number of men and women receiving bonus payments. In 2025, the bonus gap has widened in favour of men, with men receiving both higher mean and median bonus payments. Despite changes to consultant award arrangements, the proportion of consultant women receiving a bonus remains lower than men.

4.4. In 2024/2025, 70% of all bonuses were awarded to men, despite men making up 57% of consultants, while women received 30% of bonuses despite representing 43% of consultants. Men were also more likely to receive a bonus, with 24.1% of male consultants receiving a bonus compared with 13.8% of female consultants. This highlights that women remain less likely to receive bonus payments, and that bonus distribution continues to contribute to the overall gender pay gap.

5. Ethnicity Pay Gap (EPG) 2025

5.1. Whilst not required to report on it formally, MEH continues our practice of analysing our pay data by ethnicity.

5.2. The Mean Ethnicity Pay Gap (EPG) has reduced slightly from 18.95% in 2024 to 18.46% in 2025, indicating a small improvement in the average hourly pay gap between BME and White employees. However, the Median EPG has increased from 17.62% in 2024 to 18.85% in 2025, reinforcing continued concerns about pay progression gaps and the underrepresentation of BME colleagues in higher-paid roles.

5.3. Table 7 shows that EPG continues to be driven by pay differences across senior and medical staffing groups, although the pattern has changed compared with the previous year. The largest mean pay gaps are now seen in Bands 8–9, where the mean EPG is 9.03%, and Medical Staffing, where the mean EPG is 5.14%. The largest median gap is within Bands 5–7, where the median EPG is 13.03%. This suggests that disparities remain linked both to representation in senior roles and to pay distribution within the wider non-medical workforce.

Band Groupings	BME		WHITE		EPG	
	Mean Hrly Rate	Median Hrly Rate	Mean Hrly Rate	Median Hrly Rate	Mean EPG	Median EPG
Band 1-4	£15.84	£15.90	£15.93	£15.90	0.55%	0.00%
Band 5-7	£24.66	£23.63	£25.65	£27.17	3.85%	13.03%

Bands 8-9	£35.89	£35.12	£39.45	£35.43	9.03%	0.88%
Medical Staffing	£50.45	£52.92	£53.19	£56.13	5.14%	5.71%

Table 7: Pay by Ethnicity, analysed by pay band groupings as of 31 March 2025

5.4. 2024 Vs 2025 Trend Analysis — In 2024, the Mean EPG was highest in Bands 8–9 at 14.11% and Medical Staffing at 9.99%, highlighting significant disparities in senior roles. By 2025, the mean EPG had reduced in both areas, to 9.03% in Bands 8–9 and 5.14% in Medical Staffing. However, the median EPG increased in Bands 5–7, from 6.30% in 2024 to 13.03% in 2025, indicating continued disparity at the mid-point of the pay distribution. These trends show some improvement in senior and medical staffing pay gaps, while reinforcing the need for continued focus on career progression and equitable pay outcomes across the wider workforce to maintain an internal applicant pool to maintain a talent pipeline and preserve these improvements.

Band Groupings	BME		WHITE		EPG	
	Mean Hrly Rate	Median Hrly Rate	Mean Hrly Rate	Median Hrly Rate	Mean EPG	Median EPG
Band 1-4	£ 15.03	£ 15.07	£ 15.18	£ 15.07	0.95%	0.00%
Band 5-7	£ 23.59	£ 22.92	£ 24.26	£ 24.46	2.72%	6.30%
Bands 8-9	£ 34.02	£ 31.90	£ 39.62	£ 34.12	14.11%	6.50%
Medical Staffing	£ 46.42	£ 49.24	£ 51.58	£ 52.99	9.99%	7.08%

Table 8: Pay by Ethnicity, analysed by pay band groupings as of 31 March 2024

5.5. In 2024, the Mean Bonus Pay Gap by ethnicity was -66.25% in favour of BME colleagues, meaning BME colleagues received a higher average bonus than White colleagues. In 2025, the Mean Bonus Pay Gap remains in favour of BME colleagues at -51.56%, with BME colleagues receiving a higher average bonus than White colleagues (£19,242.29 vs £12,696.54). The Median Bonus Pay Gap also remains in favour of BME colleagues at -42.30%, compared with -66.05% in 2024. These figures indicate that bonus pay continues to favour BME colleagues on average and at the median, although the overall hourly ethnicity pay gap remains material. This emphasises the need for targeted action to support long-term pay equity, representation and career progression across all levels.

Ethnicity	Mean Bonus Pay	Median Bonus Pay
BME	£19,242.29	£14,120.40
White	£12,696.54	£9,923.00
Difference	-£6,545.75	-£4,197.41
Pay Gap %	-51.56%	-42.30%

Table 9: Bonus Pay by Ethnicity

6. Benchmarking

6.1. As part of our commitment to transparency and system-wide learning, we have benchmarked the Trust's 2025 Gender Pay Gap (GPG) data against peer organisations within our NHS network. This includes Liverpool Heart and Chest Hospital NHS Foundation Trust, Royal Orthopaedic Hospital, and Royal National Orthopaedic Hospital. This benchmarking exercise enables us to better understand how our gender equity efforts and performance compare within the broader system landscape, and where further progress can be made to close the gap.

Organisation	Mean Hourly Rate GPG 2025	Median Hourly Rate GPG 2025
Moorfields Eye Hospital (MEH)	16.95%	15.68%
Great Ormond Street Hospital NHS Foundation Trust	11.1%	4.5%
Royal Papworth Hospital NHS Foundation Trust	20.8%	9.3%
Liverpool Heart and Chest Hospital NHS Foundation Trust	25.38%	7.66%
Royal National Orthopaedic Hospital	26.00%	18.00%
Royal Orthopaedic Hospital	33.01%	16.71%

Table 10: Benchmark Data

7. The benchmark data above shows that on mean GPG, MEH (16.95%) is the second lowest among the trusts shown (behind Great Ormond Street Hospital at 11.10%). On median GPG, MEH (15.68%) sits mid-range: lower than Royal National Orthopaedic Hospital (18.00%) and Royal Orthopaedic Hospital (16.71%), but higher than Great Ormond Street Hospital (4.50%), Royal Papworth Hospital (9.30%) and Liverpool Heart and Chest Hospital (7.66%). The overall benchmarking position suggests positive comparative performance and that median pay should be an area of focus. However, we recognise there is more to do to achieve lasting equity across all roles and pay bands. We remain firmly committed to closing the gap and embedding long-term solutions.

8. Conclusion

The actions set out below have been developed to support a sustained reduction in both the gender and ethnicity pay gaps. While the latest data continues to demonstrate a clear disparity, there are encouraging early signs of progress, with some indicators showing positive movement in the right direction. It is important to recognise that meaningful improvement will take time and require a long-term, systematic approach. The gaps are influenced by historical factors, including workforce representation, career progression patterns, length of service, and longstanding cultural and structural inequalities, particularly within medical staffing groups. As a result, the impact of these actions is expected to be cumulative, delivering gradual but sustainable improvements over time rather than immediate correction of the disparities.

9. Ongoing and Proposed Actions

Action area	Proposed / continuing action	Link to 2025 GPG finding	Why this should help	Monitoring / evidence required
Women's Network / Aurora Activities	Continue to develop the Women's Network as a staff voice, policy-influence and progression-support forum. Align the network workplan to GPG data	Women are **67.5%** of the workforce but only **53.61%** of the upper quartile and around **42.6%** of consultants.	A network acts as a voice for staff in senior leadership. It can help identify barriers, influence policy and surface progression issues that are not visible through data alone.	Membership profile; themes raised; actions escalated to EDI Steering Group; evidence of policy/practice changes; participation by band/staff group/ethnicity.
Career Sponsorship Programme	Monitor participation and outcomes for BME women and introduce ringfenced /targets by gender.	Both EPG and GPG require an increase in senior leadership representation.	Increasing levels of BME women	Participant breakdown by gender, ethnicity, staff group and band; promotion/acting-up outcomes; retention; progression into Bands 8–9 and consultant/senior roles.
Recruitment equity and bias reduction	Continue the WRES Model Employer / No More Tick Boxes recruitment review,	Women remain underrepresented in senior and consultant roles	Recruitment and selection affect who enters higher-paid roles and whether senior opportunities widen or reinforce existing patterns.	Shortlisting, interview and appointment data by gender, ethnicity, disability, staff group, band and full/part-time status.
Senior and consultant pipeline	Develop a targeted pipeline plan for roles feeding into consultant, medical leadership and senior AfC roles.	Medical Staffing remains a key influence: mean GPG **7.69%**, median **11.92%**. Bands 8–9 mean GPG remains **5.79%**.	The mean gap is sensitive to representation in the highest-paid roles.	Promotion rates; consultant appointment data; senior AfC appointments; talent pipeline demographics; time-in-grade; acting-up and secondment access.
Leadership development for lower bands	Continue the ILM-accredited leadership and management programme for Bands 2–4 and the band 4 – 7 programme. Ensuring	Women are overrepresented in lower and middle quartiles; Band 1–4 is near parity, so the issue is not entry-level pay but	Supports progression from lower-paid roles and prevents women becoming concentrated in lower quartiles; EPG shows greater disparity in Bands 5 –	Uptake by gender/ethnicity/staff group; completion rates; movement into higher bands; participant feedback; barriers identified.

Action area	Proposed / continuing action	Link to 2025 GPG finding	Why this should help	Monitoring / evidence required
		progression into higher-paid roles.	7 than the overall GPG.	
Caring responsibilities and returner support	Introduce or strengthen support for staff with caring responsibilities, including return-to-work conversations, career planning after leave, and visibility of progression routes for part-time staff.	Women are more likely to work part-time, and experience career impacts linked to caring responsibilities.	CIPD notes that care commitments often fall more heavily on women and underrepresented groups, and that responding to caregiving pressures can help people remain and thrive in work.	

Appendix A

Summary of Key Gender Pay Gap Headlines

Equity Impact	Area	2024	2025	Change	Impact / Insight
Progress Highlights	Overall Mean Gender Pay Gap	21.23%	16.95%	Improved by 4.28 percentage points	The average pay gap has reduced, indicating improved overall pay distribution between men and women.
Progress Highlights	Overall Median Gender Pay Gap	17.41%	15.68%	Improved by 1.73 percentage points	The median pay gap has reduced, showing improvement at the midpoint of the pay distribution.
Progress Highlights	Female Representation in Upper Quartile	50.32%	53.61%	Improved by 3.29 percentage points	More women are represented in the highest pay quartile, contributing to improvement in the overall gap.
Progress Highlights	Band 1–4 Pay Gap (Mean)	-0.64% in favour of women	-0.17% in favour of women	Maintained near parity	The lowest pay bands continue to show near parity, with a very small mean gap in favour of women.
Focus Areas for Development	Bonus Pay Gap (Mean)	-4.38% in favour of women	8.94% in favour of men	Worsened / reversed	The mean bonus gap has reversed and widened in favour of men, requiring further review of bonus distribution, eligibility and pay elements included.
Focus Areas for Development	Bonus Pay Gap (Median)	6.39% in favour of men	13.43% in favour of men	Worsened by 7.04	The median bonus gap has widened, indicating that women continue to receive lower bonus payments at the midpoint.
Focus Areas for Development	Ethnicity Pay Gap (Median)	17.62%	18.85%	Worsened by 1.23	Reinforcing continued concerns about pay progression gaps and the underrepresentation of BME colleagues in higher-paid roles.

Moorfields Eye Hospital NHS Foundation Trust

WRES and WDES Data 2026

July 2026

Introduction

The Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) are NHS workforce equality frameworks used to measure and improve the experiences of staff from ethnic minority backgrounds and disabled staff. NHS organisations are required to report against these standards and use the findings to drive improvement.

- At Moorfields, we want every member of staff to feel respected, represented, and supported. Our WRES and WDES reports help us identify where progress is being made and where further action is needed. This includes:
  - Recruitment and appointment outcomes
  - Access to development and training
  - Experience of bullying, harassment and discrimination
  - Perception of feeling valued and included
  - Representation in leadership roles

- These insights help shape meaningful actions, not just to meet national requirements, but to embed an inclusive culture at every level, aligned with our Trust's shared values.

Moorfields Eye Hospital NHS Foundation Trust

NHS

WRES and WDES

- **WRES *(Workforce Race Equality Standard)*:**
  - Measures disparities between White and BME staff across **9 indicators**.
  - Aims to improve equity in recruitment, development, disciplinary processes, career progression, and Board representation.
  - Required for all NHS providers via the NHS Standard Contract.

- **WDES *(Workforce Disability Equality Standard)*:**
  - Compares the workplace experiences of Disabled and Non-Disabled staff across **10 indicators**.
  - Focuses on representation, capability procedures, harassment, opportunity, adjustments, engagement, and Board inclusion.
  - Promotes actions aligned with the *social model of disability* and the principle of *"Nothing About Us Without Us."*

Both are mandated under NHS England policy and support Public Sector Equality Duty (PSED) and Equality Act 2010 compliance.

Moorfields Eye Hospital NHS Foundation Trust

NHS

WRES – What's going well and areas requiring attention

What's Going Well

Representation (Indicator 1): BME representation increased from 58% to 61.23%, remaining significantly above the national average of 30.7%

Recruitment (Indicator 2): Relative likelihood of White applicants being appointed from shortlisting improved to 1.39, moving closer to parity and better than the national figure of 1.77.

Disciplinary (Indicator 3): Relative likelihood of BME staff entering formal disciplinary improved, dropping from 0.88 to 0.65.

Board Representation (Indicator 9): BME Board representation improved from the recorded 0% position to 20%, but remains below overall BME workforce of 61% .

Areas Requiring Continued Focus

Career Progression (Indicator 7): BME staff confidence in equal opportunities for progression reduced from 52.60 to 46.77%,

Harassment & Bullying (Indicators 5 & 6): BME staff continue to report higher levels of harassment than White staff, with staff-on-staff harassment above national average.

Moorfields Eye Hospital NHS Foundation Trust

NHS

WDES – What's going Well and challenges

Where we're doing well

Representation (Indicator 1): Disability declaration improved from 3.41% to 3.60%. This is positive movement, although ESR declaration remains below both national declaration levels and Staff Survey prevalence.

Feeling Valued (Metric 7): Disabled staff satisfaction level on how well the Trust values their work improved slightly from 33.6% to 35.9%, moving in the right direction and closer to the national average.

Pressure to Work When Unwell (Metric 6): Feeling of pressure to work when unwell reduced among disabled staff, suggesting positive movement in wellbeing and attendance culture.

Areas requiring continued focus

Recruitment (Metric 2): The relative likelihood of non-disabled applicants being appointed compared with Disabled applicants worsened, indicating a need for strengthened disability inclusion in recruitment.

Harassment & Bullying (Metrics 4a–4c): Disabled staff continue to report higher levels of harassment from patients, managers and colleagues, with manager and colleague harassment materially above national comparators.

Board Representation (Metric 10): No Disabled Board representation is recorded. Declaration, visibility and succession planning remain important priorities.

Reasonable Adjustments (Metric 8): Disabled staff experience of reasonable adjustment provision improved slightly from 67.4% to 67.7%. Though a static metric, remained on the right direction.

Moorfields Eye Hospital NHS Foundation Trust

WRES Data and Insights

Our data – WRES

			National					MEH					
Ind.	WRES Indicator	Group	2021	2022	2023	2024	2025	2021	2022	2023			
1	% BME staff	Overall	22.4%	24.2%	26.4%	28.6%	30.7%	53.0%	54.4%	55.9%	57.6%	58.80%	
	% BME staff	VSM	9.2%	10.3%	11.2%	11.3%	14.1%	0.0%	0.0%	0.0%		0.00%	10.00%
2	RL: White appointed from shortlisting vs BME		1.61	1.54	1.59	1.62	1.77	1.24	1.38	1.21			1.39
3	RL: BME staff entering formal disciplinary vs White		1.14	1.14	1.03	1.09	1.11	0.91	0.76	0.98	0.76	0.88	0.65
4	RL: White staff accessing non-mandatory training/CPD vs BME		1.14	1.12	1.12	1.09	1.02	0.73	1.11	0.85	1.40	0.83	0.91
5	Harassment, bullying or abuse (HBA) from patients/public	BME	28.9%	29.2%	30.5%	27.8%	28.6%	29.2%	29.4%	31.8%	25.5%	22.50%	24.49%
	Harassment, bullying or abuse (HBA) from patients/public	White	25.9%	27.0%	26.9%	24.1%	23.6%	23.6%	26.5%	23.1%	23.0%	23.40%	21.66%
6	HBA from staff/colleagues	BME	28.8%	27.6%	27.5%	24.9%	24.0%	31.5%	31.76%	32.49%	29.66%	27.61%	28.38%
	HBA from staff/colleagues	White	23.2%	22.5%	21.7%	20.7%	19.9%	24.9%	25.38%	25.64%	26.02%	25.28%	24.07%
7	Staff believing Trust provides equal opportunities for progression/promotion	BME	44.0%	44.4%	46.7%	48.8%	49.6%	45.3%	41.7%	41.7%	42.2%	52.60%	46.77%
	Staff believing Trust provides equal opportunities for progression/promotion	White	59.6%	58.7%	59.4%	59.4%	59.1%	56.4%	56.1%	54.4%	49.7%	47.30%	48.64%
8	Staff personally experiencing discrimination from manager/team leader or colleagues	BME	16.7%	17.0%	16.4%	15.5%	15.0%	15.6%	17.33%	17.56%	17.03%	15.08%	15.15%
	Staff personally experiencing discrimination from manager/team leader or colleagues	White	6.2%	6.8%	6.6%	6.7%	6.7%	7.8%	8.21%	8.92%	10.21%	7.63%	8.75%
9	BME Board membership		12.6%	13.2%	15.6%	16.5%	17.3%	15.0%	10.0%	10.0%	5.6%	0.00%	15.00%

Moorfields Eye Hospital NHS Foundation Trust

NHS

Our data – WRES insights

Indicator 1 – Representation

Our position remains strong. MEH's workforce is 61.23% BME according to the latest data. This is a 3% increase in the number of BME staff, and significantly higher than the national average of 30.7%. The key challenge is ensuring there is equal representation at senior levels.

Indicator 2 - Relative likelihood of White candidates compared to BME candidates being appointed from shortlisting across all posts.

Our position has improved. The 2026 relative likelihood score is 1.39 compared to last years' 1.59. This is closer to parity and better than the national average of 1.77. Findings from the recruitment audit carried out in 2025 has led to a new Inclusive Recruitment Campaign aimed at preventing discrimination and ensuring fairness and equity across all the stages of our recruitment and selection process. This includes retraining managers on the EDI elements of the recruitment process and monitoring recruitment training compliance for recruitment panel members.

Our data - WRES insights

Indicator 3 - relative likelihood of BME staff entering formal disciplinary

The relative likelihood of BME staff entering formal disciplinary processes improved, dropping from 0.88 in 2025 to 0.65 in 2026. This remains below the parity threshold of 1.00 and below the national average of 1.11. However, this metric should still be interpreted carefully as every single case has significant impact on all parties. There is an ongoing drive for a restorative and just culture, including the introduction of a new Resolution policy.

Indicator 4 - CPD and non-mandatory training

BME staff remain more likely to access non-mandatory CPD, with an increase in the relative likelihood score from 0.83 to 0.91 . This remains a positive position, and the gap between BME and white staff has narrowed from last year.

Our data - WRES insights

Indicator 5-8 - staff survey

Harassment and bullying indicators remain an area requiring continued attention. BME staff reports of harassment from patients/public increased from 22.50% to 24.49%, while staff-on-staff harassment rose slightly from 27.61% to 28.38% and remains above the national BME average of 24.0%.

Perceptions of equal opportunities for career progression reduced from 52.60% to 46.77%, now below the national BME average of 49.6%. This suggests additional focus is required on progression pathways, sponsorship, career development and transparency of opportunity.

Discrimination from managers or colleagues is broadly aligned with the national BME comparator, but the internal disparity with White staff persists. This should remain a focus alongside wider civility, respect and anti-racism work.

Indicator 9 – Board representation

BME Board representation improved from 0% in 2025 (partly reflecting issues with ethnicity declaration and ESR records) to 15% at the 31 May 2026 WRES submission deadline - and has since increased to 20%. Despite this progress, Board representation remains below the 61% BME representation within the workforce.

Moorfields Eye Hospital NHS Foundation Trust

WDES Data and Insights

Our data – WDES Indicator 1-5

			National				MEH				
Metric	WDES Metric	Group	2022	2023	2024	2025	2022	2023	2024	2025	2026
									3.1%	3.41%	3.60%
	Representation	Non-disabled	76.7%	78.4%	80.0%	81.4%	93.7%	91.3%	89.2%	87.90%	89.27%
3	Relative likelihood of disabled staff entering the formal capability process compared to non disabled staff	N/A	2.01	2.17	2.04	Not published	42.9	17.1	Unable to determine	0	4.13
4	Percentage of disabled staff experiencing harassment, bullying or abuse from:	-	-	-	-	-	-	-	-	-	-
	Patients/Service users, their relatives or other members of the public	Disabled	33.0%	33.1%	30.0%	29.6%		33.5%			
	Patients/Service users, their relatives or other members of the public	Non-disabled	25.8%	25.9%	23.3%	23.4%	26.2%	27.3%	23.2%	20.80%	21.86%
	Managers	Disabled	17.2%	16.4%	14.6%	13.9%					
	Managers	Non-disabled	9.8%	9.4%	8.2%	7.6%	14.7%	13.9%	13.5%	11.70%	11.26%
			25.3%	25.0%							
	Other colleagues	Non-disabled	16.6%	16.6%	15.4%	15.1%	22.6%	22.4%	20.8%	19.60%	18.74%
4d	Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.	Disabled									
	Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.	Non-disabled	48.3%	49.1%	51.4%	53.9%	54.6%	52.8%	52.8%	57.40%	58.84%
	Percentage of staff believing that trust provides equal opportunities for career progression or promotion	Non-disabled	57.0%	57.50%	58.1%	57.9%	48.8%	46.3%	47.1%	51.10%	49.26%

Our data – WDES Indicators 6-10

			National				MEH				
Metric	WDES Metric	Group	2022	2023	2024	2025	2022	2023	2024	2025	2026
6	Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	Disabled	30.2%	28.8%	26.6%	25.3%	42.7%	35.4%	37.5%	32.7%	31.3%
	Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	Non-disabled	22.2%	20.1%	18.5%	17.6%	28.4%	26.8%	24.6%	21.2%	21.7%
7	Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.	Disabled	34.7%	34.7%	36.9%	36.7%	36.6%	33.5%	31.6%	33.6%	35.9%
	Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.	Non-disabled	44.6%	44.6%	47.8%	47.7%	48.3%	46.8%	50.2%	50.8%	49.8%
8	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	Disabled	72.2%	73.0%	74.5%	75.3%	62.5%	64.8%	61.2%	67.4%	67.7%
9a	The staff engagement score for Disabled staff, compared to non-disabled staff.	Disabled	6.5	6.4	6.5	6.45	6.52	6.63	6.47	6.56	6.44
	The staff engagement score for Disabled staff, compared to non-disabled staff.	Non-disabled	7.0	6.9	7.0	7.01	7.22	7.20	7.23	7.30	7.20
9b	Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard?	Yes/No	NK	99.50%	100%	-	Yes	Yes	Yes	Yes	Yes
10	Board representation	Disabled - Voting	4.80%	5.60%	Not reported	7.2%	6.3%	0.0%	0.0%	0.0%	0.0%
	Board representation	Disabled - Non-voting	3.90%	6.10%	Not reported	7.9%	20.0%	20.0%	0.0%	0.0%	0.0%
	Board representation	Disabled - Exec	4.2%	5.4%	6.2%	7.3%	8.3%	9.1%	0.0%	0.0%	0.0%
	Board representation	Disabled - NED	5.0%	6.0%	6.8%	7.4%	11.1%	0.0%	0.0%	0.0%	0.0%

Moorfields Eye Hospital NHS Foundation Trust

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Our data – WDES insights

Indicator 1 – representation

Disability declaration improved slightly from 3.41% to 3.60% but remains below the national declaration figure of 6.7% and below Staff Survey prevalence. Continued ESR data cleansing, communication about why declaration matters and confidence-building around support remain important.

Indicator 2 - relative likelihood of non-disabled candidates being appointed

The relative likelihood of non-disabled applicants being appointed from shortlisting compared with disabled applicants worsened from 1.64 to 1.86. Disability inclusion in recruitment is currently being addressed as part of the new Inclusive Recruitment campaign, including a renewed focus on reasonable adjustment support.

Our data WDES insights

Indicator 3 - relative likelihood of disabled colleagues entering formal capability

The current relative likelihood of disabled colleagues entering formal capability process figure is 4.13 compared to 0 last year, and with no current data on the national average. The 2026 data is based on very small sample and should not be interpreted in isolation. The Trust is continuing to monitor capability and related employee relations processes carefully for disproportionate impact, including the quality and timing of support for disabled staff before formal process.

Indicator 4-9a - staff survey data

Reports of bullying, harassment or abuse remain higher for Disabled colleagues than non-disabled colleagues across patients, managers and colleagues. Local figures for harassment from managers and colleagues are materially above the national disabled staff comparators, indicating the need for continued focus on workplace culture, incivility, psychological safety, management capability and support for reasonable adjustments.

Our data - WDES insights

Indicator 4-9a - staff survey data

Disabled colleagues remain less likely to report experiencing equal opportunities for progression than non-disabled colleagues. This reinforces the need for disability inclusion to be considered and addressed as part of the wider talent, progression, career development, and leadership development work.

Disabled staff feeling satisfied with the extent to which the Trust values value their work has improved from 33.6% to 35.9%, moving closer to the national average of 36.7%, but still significantly lower when compared with non-disabled colleagues' 49% satisfaction rating.

Disabled staff experience of reasonable adjustment remained static, moving from 67.4% in 2025 to 67.7% in 2026, and remains below the national average of 75.3%. A dedicated task and finish group has been established to address the challenges faced by disabled staff seeking reasonable adjustment. In addition, disabled staff experience of engagement also remained lower than non-disabled colleagues.

Our data - WDES insights

Indicator 9b – employee voice

We continue to take active steps to amplify the voices of Disabled staff. The MoorAbility Network remains a core member of the EDI Steering Group and contributes to wider EDI initiatives. Staff Survey data has been shared with the network, with follow-up engagement to explore both quantitative findings and lived experiences.

The Equality and Health Impact Assessment process has been refreshed to strengthen consideration of disability-related issues affecting staff and patients. The Trust continues to support leadership and inclusion initiatives, including the Leadership Academy Programme supported by DRUK and championed by the EDI team.

Indicator 10 – Board representation

No Disabled Board representation is currently recorded. The Trust's enrolment on NHSE's NExT Director scheme remains an important intervention. Other initiatives includes visible leadership sponsorship and the introduction of a shadow Board programme.

Next Steps

1. As part of the Trust's evolving its EDI programme to a wider Culture Improvement Programme—now established as one of the Trust's four strategic priorities—the findings from the 2026 WRES and WDES reports will be incorporated into the culture programme's diagnostic phase. This will ensure that identified inequalities and variations in staff experience are considered alongside broader organisational culture insights to inform the prioritisation of improvement activity. Interventions will focus on those WRES and WDES indicators demonstrating the greatest levels of disparity, deterioration, or strategic risk.

2. For governance and oversight purposes, the 2026 WRES and WDES findings will be presented to:

- Trust Executive Committee (TEC) – July 2026
- EDI Steering Group – July 2026
- People and Culture Committee – July 2026
- Culture Programme Working Group – August 2026

Moorfields Eye Hospital NHS Foundation Trust

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WRES and WDES Priorities

WRES Priorities

1. Improve experience and perception of equal opportunities for career progression (Indicator 7).
2. Reduce staff-on-staff harassment, bullying and abuse experienced by BME staff (Indicator 6).
3. Continue improving BME representation in senior leadership and Board positions (Indicator 9).
4. Address disparities in experiences of discrimination and poor workplace culture (Indicator 8).

WDES Priorities

1. Reduce recruitment disparities affecting disabled applicants (Indicator 2).
2. Improve disabled staff experiences of harassment, bullying and abuse from managers and colleagues (Indicator 4).
3. Increase confidence in opportunities for career progression (Indicator 5).
4. Improve experiences of reasonable adjustments and organisational support (Indicator 8).

Appendices

Moorfields Eye Hospital NHS Foundation Trust

NHS

WRES Indicator Summary: MEH 2026 vs National 2025

#	Indicator	MEH 2026	National average	Comparison	Comment	RAG
1	% BME Staff – Overall	61.23%	30.7%	+30.5 pp	Major strength. Next phase is converting workforce diversity into progression and leadership representation.	
	% BME Staff – VSM	10.00%	14.1%	–4.1 pp	Improved from 0%, but below national and far below workforce profile; strengthen succession and sponsorship pathways and review use of executive search firms.	
2	RL: White appointed vs BME	1.39	1.77	Better	Improved locally and better than national, but not parity; continue recruitment controls by band, role family and panel.	
3	RL: BME staff entering formal disciplinary	0.65	1.11	Better	Positive position, but small numbers need careful interpretation; monitor case quality and informal/formal ER pathways to understand bias in the process.	
4	RL: White CPD access vs BME	0.91	1.02	Better	BME staff remain more likely to access CPD; check course type, determination for MAST/non-mandatory and whether development supports leadership pull-through.	
5	Harassment from patients/public (BME)	24.49%	28.6%	–4.1 pp	Below national; worsened locally year-on-year; strengthen prevention, support and reporting routes.	
6	Harassment from staff/colleagues (BME)	28.38%	24.0%	+4.4 pp	Above national and a key workplace culture concern; align anti-racism, civility/respect and manager response work.	
7	BME staff: equal opportunity perception	46.77%	49.6%	–2.8 pp	Below national and materially worse than prior local position; priority for sponsorship, transparency and targeted leadership development.	
8	BME staff: discrimination from manager/colleagues	15.15%	15.00%	Aligned	Broadly aligned nationally, but internal disparity persists between BME and white staff groups; focus on confidence, response quality and follow-through.	
9	BME Board membership	20%	17.3%	–6.8 pp	Improved locally but remains below workforce profile; ongoing work to introduce leadership and succession pipeline.	

Moorfields Eye Hospital NHS Foundation Trust

NHS

Moorfields Eye Hospital NHS Foundation Trust

Finance and performance committee chair's report
Board of directors
30 July 2026

Report title	**Finance and Performance Committee chair's report**		
Report from	Elena Lokteva NED committee chair		
Prepared by	Ben Westmancott, interim company secretary		
Previously considered at	People and culture committee	**Date**	13 July 2026
Link to strategic objectives	Underpins all strategic objectives		

Key messages for the Board following the meeting on 13 July 2026

Assure

1. The procurement team are demonstrating cost reduction and are contributing positively to the cost improvement programme. There is improving assurance in place and the committee is grateful to the team for their work.
2. The committee discussed productivity and theatre utilisation. Productivity change is less about identifying more initiatives and more about exercising accountability for what has been agreed to be delivered. The executive are expecting to hit average of eight cases per list in the autumn 2026.
3. The M2 finance report is favourable to plan. However, noting some slippages in major projects, there are risks later in the year that need to be addressed in order to achieve year-end targets.

Advise

4. The committee reviewed the BAF and relating risks and noted that there were no practical plans to reduce the long-term financial sustainability risk to the risk tolerance in the next twelve months. The committee recommends that the risk forecast be set out over a three-year horizon with quarterly or 6-monthly updates.

Alert

5. The long-term financial management strategy was reviewed. The £11m underling deficit post-Oriel to be addressed when LTFM presented to the committee in September.
6. RTT remains off track with actions to keep under control.

Quality implications
None specifically associated with this report

Financial implications
None specifically associated with this report

Risk implications
Risks are set out on the board assurance framework

Action required/recommendation.
The Board is asked to note this report for assurance.

For assurance	**X**	**For decision**		**For discussion**		**To note**	

Moorfields Eye Hospital NHS Foundation Trust

NHS

Cover Sheet	
Report title	Monthly Finance Performance Report Month 03 – June 2026
Meeting	Trust Public Board
Date	30 July 2026
Report from	Arthur Vaughan, Chief Financial Officer
Prepared by	Justin Betts, Deputy Chief Financial Officer
Previous forum consideration	Trust Executive Committee

Relevant strategic objectives	Working together	☐	Discover	☐	Develop	☐	Deliver	☐	Sustainability and Scale	☒

Purpose of report	Assurance	☐	Decision	☐	Discussion	☒	For information	☒

Executive summary
For June, the trust is reporting:-

Income and Expenditure

- A £0.7m surplus year to date compared to a planned £0.2m surplus; £0.5m favourable to plan.

Efficiency and Productivity

- The Trust is forecast to deliver £11.3m of the £17.6m full year target.
- Delivery in June reported £0.8m, with £2.2m delivered cumulatively.

Capital Expenditure

- Capital expenditure for June totalled £16.9m against an indicative plan of £19.7m.
    - The Trust has received £25.3m of capital submissions against an allocation of £17.7m. Initial prioritisation has reduced this to £17.9m.
    - £16.4m of capital submission are pre-commitments largely linked to Trust Major Projects including EPR, IT City Road Migration, Oriel, Hoxton, and Ealing
- Capital Planning and Oversight Committee (CPOC) is prioritising the highest risk submitted plans.

Cash

- The cash balance as at the 30th June was £55.4m, a reduction of £7.4m since the end of March 2026. This equates to approximately 61 days operating cash.

Action Required/Recommendation

- The board is asked to consider and discuss the attached report.

Quality implications

Patient safety has been considered in the allocation of budgets.

Financial implications

Delivery of the financial control total will result in the Trust being eligible for additional benefits that will support its future development.

Risk implications

Potential risks have been considered within the reported financial position and the financial risk register is discussed at the Audit Committee.

Moorfields Eye Hospital NHS Foundation Trust

2026/27 Monthly Finance Performance Report

Operational Financial Performance

Trust Board

30 July 2026

Updated 10 July 2026

Report Period	M03 | June 2026
Presented by	Arthur Vaughan| Chief Financial Officer
Written by	Justin Betts | Deputy Chief Financial Officer Amit Patel | Head of Financial Management Lubna Dharssi | Head of Financial Control Richard Allen | Head of Income and Contracts

Monthly Finance Performance Report

For the period ended 30th June 2026 (Month 03)

Key Messages

Statement of Comprehensive Income

Financial Position £1.87m surplus in month	For June, the trust is reporting:- • A £1.87m surplus in-month against a planned £1.77m surplus, £0.09m favourable to plan • A £0.72m surplus cumulatively against a planned £0.24m surplus, £0.48m favourable to plan

Key Drivers of the Financial Variance	The trusts financial position is being supported by £0.54m of slippage on major projects expenditure, favourable commercial trading (£0.75m) and demonstrable reductions in temporary staffing spend, whilst income levels are maintained due to fixed contractual income.
	
	Key Drivers of the core operational performance include:-
	• NHS Clinical income is assumed in line with fixed contracts for activity.
	  • Income levels would be break-even to plan cumulatively as a result of activity levels above plan if based on cost and volume contracts.
	• Clinical divisions are reporting operational activity performance below planned levels.
	  • Elective activity is 99% IM and 101% year to date;
	  • Outpatients Firsts and Procedures are 104% and 86% respectively cumulatively;
	  • Bedford activity is now included in the plan
	  • Clinical divisions are reporting break-even to plan cumulatively, with clinical income being £0.07m favourable (other income £0.04m favourable), pay £0.22m favourable and non-pay including drugs £0.04m favourable. This has been off-set by efficiency under delivery of £0.25m.
	• Corporate departments are reporting £0.36m favourable to plans cumulatively including £0.54m linked to slippage on Oriel and pay underspends of £0.70m, offset by CIP underachievement (£0.85m)
	• Research is reporting a break-even position against plan cumulatively.
	• Trading areas are £0.75m favourable to plan cumulatively across all commercial units.

Statement of Financial Position

Cash and Working Capital Position	The cash balance as at the 30th June was £55.4m, a reduction of £7.4m since the end of March 2026. This equates to approximately 61 days operating cash. The Better Payment Practice Code (BPPC) performance in June was 97% (volume) and 94% (value) against a target of 95% across both metrics.
Capital (both gross capital expenditure and CDEL)	Capital expenditure for June totalled £16.9m against an indicative plan of £19.7m. The Trust has received £25.3m of capital submissions against an allocation of £17.7m. Initial prioritisation has reduced this to £17.9m. • £16.4m of capital submission are pre-commitments largely linked to Trust Major Projects including EPR, IT City Road Migration, Oriel, Hoxton, and Ealing Capital Planning and Oversight Committee (CPOC) is prioritising the highest risk submitted plans.

Other Key Information

Efficiencies £17.6m Trust Target £2.2m YTD actual £9.3m of un-identified and non recurrently identified schemes	The trust has a planned efficiency programme of £17.6m for 2026/27 to deliver the control total. The trust has identified £11.3m of schemes, of which the programme has delivered £2.2m in year, £2.2m adverse to plan. Of the total identified:- • £8.2m is forecast recurrently; £3.1m is forecast non-recurrently; • £8.5m is identified central schemes; • £8.4m identified as non-pay schemes; The CIP programme delivery group are progressing further proposed efficiency scheme documentation for additional opportunities to be fully financial validated towards increasing the level of identified and forecast delivery in 2026/27.
Agency Spend £0.24m spend YTD 0.4% total pay	Trust wide agency spend totals £0.24m cumulatively, approximately 0.4% of total employee expenses spend, below the system allocated target of 1.0%. Workforce have instigated temporary staffing committees for oversight in relation to managing and reporting temporary staffing agency usage and reasons.

Trust Financial Performance - Financial Dashboard Executive Summary

FINANCIAL PERFORMANCE

Financial Performance £m	Annual Plan	In Month Plan	In Month Actual	In Month Variance	Year to Date Plan	Year to Date Actual	Year to Date Variance	%	RAG
Income	£376.7m	£36.8m	£37.3m	£0.5m	£98.0m	£98.0m	£0.1m	0%	
Pay	(£206.8m)	(£17.5m)	(£17.5m)	(£0.0m)	(£52.0m)	(£51.7m)	£0.3m	1%	
Non Pay	(£130.5m)	(£10.7m)	(£11.2m)	(£0.5m)	(£30.7m)	(£30.9m)	(£0.3m)	(1)%	
Financing & Adjustments	(£39.3m)	(£6.8m)	(£6.6m)	£0.2m	(£15.1m)	(£14.7m)	£0.4m	2%	
CONTROL TOTAL	**-**	**(£1.8m)**	**(£1.9m)**	**£0.1m**	**(£0.2m)**	**(£0.7m)**	**£0.5m**		
Income includes Elective Recovery Funding (ERF) which for presentation purposes is seperated on the Statement of Comprehensive Income									
Memorandum Items									
Research & Development	(£0.36m)	(£0.08m)	(£0.05m)	£0.03m	(£0.23m)	(£0.23m)	(£0.00m)	(1)%	
Commercial Trading Units	£6.05m	£0.59m	£1.00m	£0.41m	£1.45m	£2.20m	£0.75m	51%	
ORIEL Revenue	(£7.14m)	(£0.42m)	(£0.26m)	£0.17m	(£1.27m)	(£0.73m)	£0.54m	42%	
Efficiency Schemes	£17.63m	£1.47m	£0.81m	(£0.66m)	£4.41m	£2.23m	(£2.18m)	(49)%	

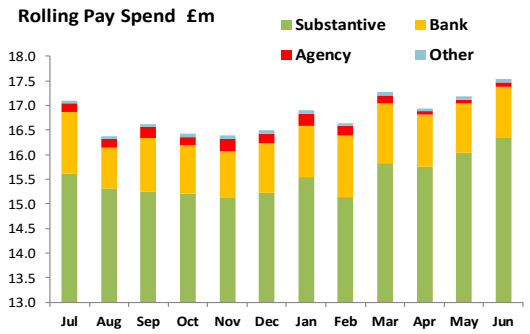
INCOME BREAKDOWN RELATED TO ACTIVITY

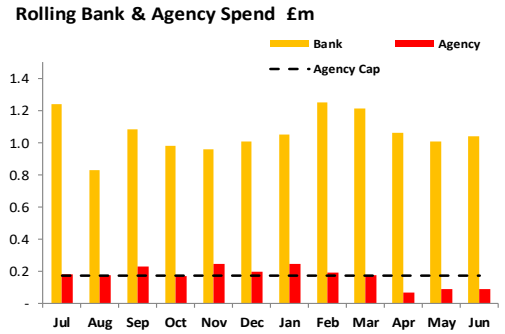
Income Breakdown £m	Annual Plan	Year to Date Plan	Year to Date Actual	Year to Date Variance	RAG	Forecast Plan	Forecast Actual	Forecast Variance
NHS Clinical Income	£254.9m	£62.8m	£62.6m	(£0.2m)				
Pass Through	£17.3m	£4.2m	£4.4m	£0.2m				
Other NHS Clinical Income	£0.5m	£0.1m	£0.1m	£0.0m				
Commercial Trading Units	£48.0m	£11.8m	£12.3m	£0.5m				
Research & Development	£17.1m	£4.2m	£4.0m	(£0.2m)				
Other	£38.7m	£14.8m	£14.6m	(£0.2m)				
INCOME INCL ERF	**£376.7m**	**£98.0m**	**£98.0m**	**£0.1m**				

RAG Ratings Red > 3% Adverse Variance, Amber < 3% Adverse Variance, Green Favourable Variance, Grey Not applicable

PAY AND WORKFORCE

Pay & Workforce £m	Annual Plan	In Month Plan	In Month Actual	In Month Variance	Year to Date Plan	Year to Date Actual	Year to Date Variance	% Total
Employed	(£205.0m)	(£17.4m)	(£16.3m)	£1.0m	(£51.5m)	(£48.1m)	£3.4m	93%
Bank	(£0.7m)	(£0.1m)	(£1.0m)	(£1.0m)	(£0.2m)	(£3.1m)	(£2.9m)	6%
Agency	(£0.5m)	(£0.0m)	(£0.1m)	(£0.1m)	(£0.1m)	(£0.2m)	(£0.2m)	0%
Other	(£0.7m)	(£0.1m)	(£0.1m)	(£0.0m)	(£0.2m)	(£0.2m)	(£0.0m)	0%
TOTAL PAY	**(£206.8m)**	**(£17.5m)**	**(£17.5m)**	**(£0.0m)**	**(£52.0m)**	**(£51.7m)**	**£0.3m**	





Pay spend chart adjusted for £10.8m pension cost contributions paid in March 2026.

*Agency cap levels set by NHSIE

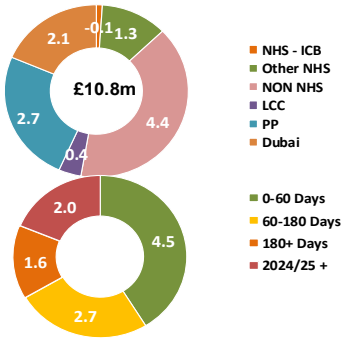
CASH, CAPITAL AND OTHER KPI'S

Capital Programme £m	Annual Plan	Year to Date Plan	Year to Date Actual	Year to Date Variance	RAG	Forecast Plan	Forecast Actual	Forecast Variance
Trust Funded	(£17.7m)	(£5.1m)	(£2.3m)	(£2.8m)				
Donated/Externally funded	(£103.5m)	(£14.6m)	(£14.6m)	(£0.0m)				
TOTAL	**£121.2m**	**£19.7m**	**£16.9m**	**(£2.8m)**				

Key Metrics	Plan	Actual	RAG
Cash	81.2	55.4	
Debtor Days	45	10	
Creditor Days	45	55	
PP Debtor Days	65	40	

Better Payment Practice	Plan	Actual
BPPC - NHS (YTD) by number	95%	95%
BPPC - NHS (YTD) by value	95%	91%
BPPC - Non-NHS (YTD) by number	95%	97%
BPPC - Non-NHS (YTD) by value	95%	94%

Net Receivables/Ageing £m



Trust Income and Expenditure Performance

FINANCIAL PERFORMANCE

Statement of Comprehensive Income £m	Annual Plan	In Month Plan	In Month Actual	In Month Variance	Year to Date Plan	Year to Date Actual	Year to Date Variance	%	RAG
Income									
NHS Commissioned Clinical Income	272.27	24.54	24.57	0.03	67.01	67.04	0.03	0%	
Other NHS Clinical Income	0.53	0.04	0.05	0.01	0.13	0.15	0.01	11%	
Commercial Trading Units	48.02	4.08	4.50	0.42	11.79	12.31	0.52	4%	
Research & Development	17.09	1.40	1.53	0.13	4.20	3.96	(0.23)	(6)%	
Other Income	38.74	6.71	6.61	(0.10)	14.84	14.59	(0.25)	(2)%	
Total Income	**376.65**	**36.77**	**37.26**	**0.49**	**97.97**	**98.05**	**0.08**	**0%**	
Operating Expenses									
Pay	(206.83)	(17.50)	(17.54)	(0.03)	(51.96)	(51.66)	0.29	1%	
Of which: Unidentifed CIP	*3.70*	*0.20*	-	*(0.20)*	*0.90*	-	*(0.90)*		
Drugs	(36.24)	(3.27)	(3.26)	0.01	(8.88)	(8.86)	0.01	0%	
Clinical Supplies	(26.44)	(2.36)	(2.49)	(0.14)	(6.49)	(6.57)	(0.08)	(1)%	
Other Non Pay	(67.87)	(5.10)	(5.49)	(0.39)	(15.31)	(15.51)	(0.20)	(1)%	
Of which: Unidentifed CIP	*2.28*	*0.42*	-	*(0.42)*	*1.24*	-	*(1.24)*		
Total Operating Expenditure	**(337.37)**	**(28.23)**	**(28.78)**	**(0.55)**	**(82.62)**	**(82.60)**	**0.02**	**0%**	
EBITDA	*39.28*	*8.54*	*8.48*	*(0.06)*	*15.34*	*15.44*	*0.10*	1%	
Financing & Depreciation	(22.63)	(1.81)	(1.66)	0.15	(5.35)	(4.99)	0.35	7%	
Donated assets/impairment adjustments	(16.65)	(4.96)	(4.95)	0.01	(9.76)	(9.73)	0.03	0%	
Control Total Surplus/(Deficit)	**-**	**1.77**	**1.87**	**0.09**	**0.24**	**0.72**	**0.48**	1.99	

Commentary

Operating Income

£0.49m favourable to plan in month

Total operating income is reporting £37.26m in-month, £0.49m favourable to plan, and £0.08m favourable cumulatively. Key points of note are:-

- Directly commissioned clinical income was £24.57m, £0.03m favourable to plan.
- Cumulative activity delivery is adverse to plan, as shown on slide five.
- Commercial trading income was £4.50m, £0.42m favourable to plan
- Research and Development income at £1.53m, £0.13m adverse to plan
- Other income was on £6.61m, £0.10m adverse to plan

Employee Expenses

£0.03m adverse to plan in month

June pay is reporting £17.54m (2,842wte); £0.03m adverse to plan. Key points of note are:-

- Substantive pay costs (2,650wte) were £16.34m, higher than the prior 12-month average of £16.29m, driven by the 2026/27 pay award.
- Temporary staffing costs were £1.13m in June.
  - Bank costs (185wte) are £1.04m in month, in line with rolling trend of £1.04m. Bank use continues to be mainly in clinical areas and within the medical and clinical admin staffing group.
  - Agency costs (6wte) are £0.09m in month, lower than the 12-month trend of £0.19m. Use continues mainly on medical staff & administration in clinical areas.
  - £0.42m unachieved pay CIP (£1.24m cumulatively)

Non-Pay Expenses

£0.39m adverse to plan in month

(non-pay and financing)

Non-Pay (exc. financing) costs in June were £11.25m, £0.52m adverse to plan. Key points of note are:-

- Drugs were break-even to plan in month with £3.26m expenditure against a 12-month trend of £3.49m. The reduction in expenditure has been driven by the change to a lower priced AMD injection drug .
- Clinical supplies were £0.14m adverse to plan in month. Costs were £2.49m in month against a 12-month trend of £2.09m in line with a high activity month.
- Other non-pay was £0.39m adverse in month with £5.49m expenditure against a 12-month trend of £4.93m.
- £0.42m unachieved non-pay CIP (£1.24m cumulatively overachieved)

Donated assets include contributions from the Moorfields Eye Chairty towards Oriel.

Clinical Activity Performance

PATIENT ACTIVITY AND CLINICAL INCOME

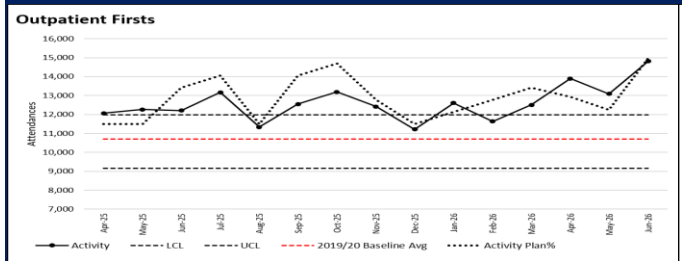
ERF	Point of Delivery	Activity In Month				Activity YTD			
		Plan	Actual	Variance	%	Plan	Actual	Variance	%
ERF Activity	Daycase / Inpatients	3,508	3,489	(19)	99%	9,407	9,534	127	101%
	OP Firsts	14,961	14,811	(150)	99%	40,123	41,795	1,672	104%
	OP Procedures	26,332	17,576	(8,756)	67%	70,616	60,622	(9,994)	86%
	ERF Activity Total								
Non ERF Activity	OP Follow Ups	23,809	26,199	2,390	110%	63,850	63,489	(361)	99%
	High Cost Drugs Injections	5,907	5,498	(409)	93%	15,842	15,620	(222)	99%
	Non Elective	219	245	26	112%	664	738	74	111%
	AandE	6,016	6,804	788	113%	18,249	20,513	2,264	112%
	Total	80,752	74,622	(6,130)	92%	218,751	212,311	(6,440)	97%

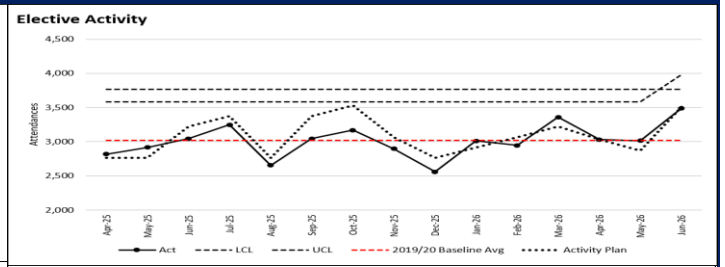
Income Figures Excludes CQUIN, Bedford, and Trust to Trust test income.

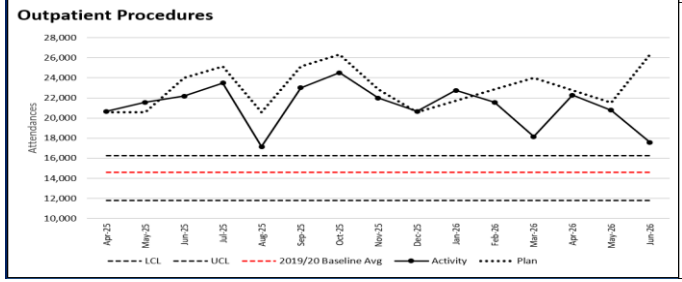
RAG Ratings Red to Green colour gradient determined by where each percentage falls within the range

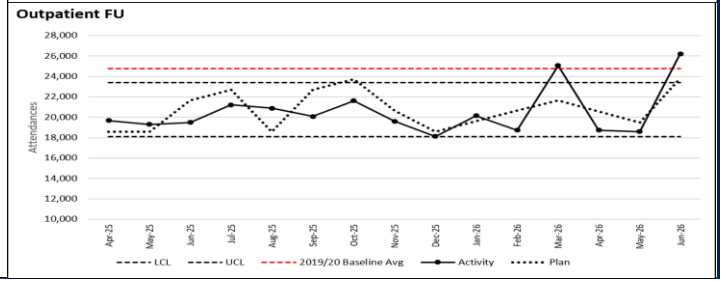
Performance % figures above, represent the Trust performance against the external activity target. Financial values shown are for ERF activity only.

ACTIVITY TREND - ERF COMPONENTS









Commentary

NHS Income

Contractual Status

The Trust has finalised contracts from ICB's and signed the documentation on the 28th April. As contracts are finalised, income has been assumed based on the 2026/27 activity delivery to date.

2026/27 Activity performance achievement

- **Inpatient activity** achieved 99% in month and 101% year to date of the plan.
- **Outpatient Firsts Activity** achieved 99% in month and 104% YTD; (94% excluding Bedford YTD)
- **Outpatient Procedures Activity** achieved 67% in month and 86% YTD; Once fully coded this will return to planned levels.

Non ERF Activity performance achievement

- **High Cost Drugs Injections** achieved 93% of activity plans in month and 99% year to date.
- **A&E** achieved 113% of activity plans in month and 112% year to date

Contractual Status

- Block contracts have been agreed with commissioners due to major projects including EPR and Oriel.

Activity plans

Activity plans are based on operational services demand based view of patients waiting for treatment.

- Activity and Income will be monitored on Cost & Volume to compare to the plan that has been set.
- Service Developments are yet to be agreed and added to the plan.

Activity Plans

The charts to the left demonstrate the in-year activity levels compared to the previous year. The red line represents average 2019/20 activity levels.

financial position by division excluding central, financing and depreciation budgets.

Trust Statement of Financial Position – Cash, Capital, Receivables and Other Metrics

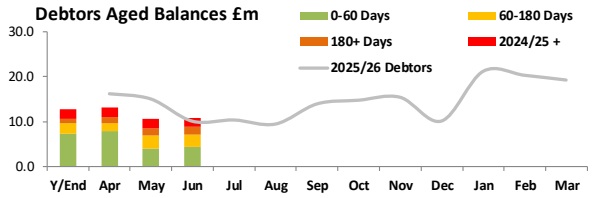
CAPITAL EXPENDITURE

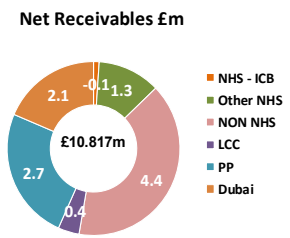
Capital Expenditure £m	Annual Plan	Year to Date Plan	Year to Date Actual	Year to Date Variance
Medical Equipment	-	-	0.1	0.1
Estates	0.5	-	-	-
IT	0.2	0.0	0.0	0.0
Commercial	0.5	0.0	0.0	(0.0)
EPR Programme	6.0	2.2	1.6	(0.5)
IT Projects - Oriel Adjacent	3.1	2.5	0.3	(2.1)
Hoxton	-	-	-	-
Ealing	1.0	0.4	0.3	(0.1)
Oriel	105.4	14.6	14.6	(0.0)
Other & Charity	4.6	-	-	-
TOTAL - TRUST CAPITAL	**121.2**	**19.7**	**16.9**	**(2.8)**

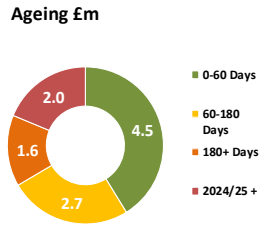
Capital Funding £m	Annual Plan	Secured	Not Yet Secured	% Secured
Depreciation	11.2	11.2	-	100%
Cash Reserves - Oriel	2.1	2.1	-	100%
Cash Reserves - B/Fwd	6.2	6.2	-	100%
Capital Loan Repayments	(1.8)	(1.8)	-	100%
TOTAL - ICS Allocation	**17.7**	**17.7**	**-**	**100%**
IFRS 16 Leases	-	-	-	0%
Externally funded	85.9	85.9	-	100%
Donated/Charity	17.5	17.5	-	100%
TOTAL INCLUDING DONATED	**121.2**	**121.2**	**-**	**100%**

RECEIVABLES

Net Receivables £m	0-60 Days	60-180 Days	180+ Days	2024/25 +	Total
CCG Debt	0.0	(0.1)	-	0.0	(0.1)
Other NHS Debt	0.6	0.4	0.1	0.1	1.3
Non NHS Debt	1.5	1.6	0.5	0.9	4.4
Commercial Unit Debt	-	0.9	1.0	1.0	2.9
TOTAL RECEIVABLES	**2.1**	**2.7**	**1.6**	**2.0**	**8.4**







STATEMENT OF FINANCIAL POSITION

Statement of Financial Position £m	Annual Plan	Year to Date Plan	Year to Date Actual	Year to Date Variance
Non-current assets	762.6	693.7	642.4	(51.3)
Current assets (excl Cash)	21.2	21.2	26.5	5.3
Cash and cash equivalents	58.9	81.2	55.4	(25.8)
Current liabilities	(41.6)	(41.8)	(54.3)	(12.5)
Non-current liabilities	(405.4)	(375.2)	(329.4)	45.8
TOTAL ASSETS EMPLOYED	**395.8**	**379.2**	**340.6**	**(38.6)**

OTHER METRICS

Use of Resources	Plan	Current Month	Prior Month
BPPC - NHS (YTD) by number	95%	95%	96%
BPPC - NHS (YTD) by value	95%	91%	95%
BPPC - Non-NHS (YTD) by number	95%	97%	97%
BPPC - Non-NHS (YTD) by value	95%	94%	95%

Commentary

Cash and Working Capital

The cash balance as at the 30th June was £55.4m, a reduction of £7.4m since the end of March 2026.

Capital Expenditure/ Non-current assets

Capital expenditure to June totalled £16.9m against an indicative plan of £19.7m.

The Trust received £25.3m of capital submissions against an allocation of £17.7m, £7.3m higher than affordable. Initial prioritisation has reduced this to £17.9m.

£16.4m is already pre-committed.

Based on current assumptions this allows only £1.3m for all other Trust wide Capital including medical devices.

Capital Planning and Oversight Committee (CPOC) is prioritising the highest risk submitted plans.

Receivables

Receivables have reduced by £2.0m to £10.8m since the end of the 2025/26 financial. Debt in excess of 60 days shows a reduction of £0.1m in June and current debt increased by £0.4m.

Payables

Payables totalled £17.7m at the end of June, a reduction of £9.1m since the end of March 2026.

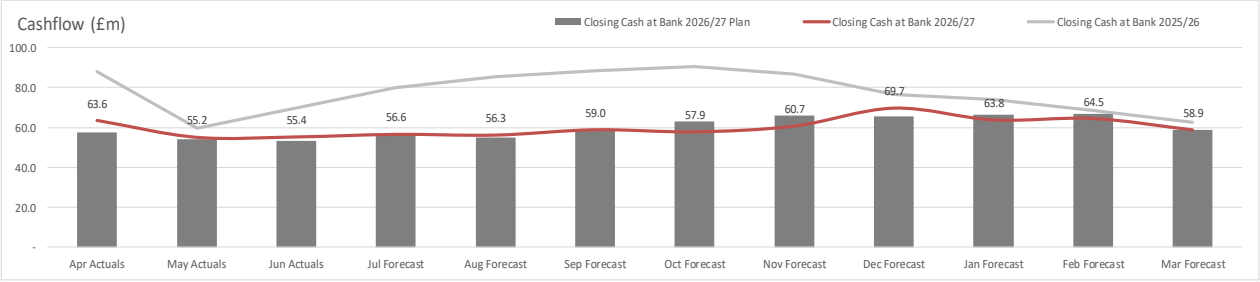
The trust's performance against the 95% Better Payment Practice Code (BPPC) is shown to the left. In aggregate it was:-

- 97% volume of invoices (prior month 97%) and
- 94% value of invoices (prior month 95%).

Trust Statement of Financial Position – Cashflow

Cash Flow

Cash Flow £m	Apr Actuals	May Actuals	Jun Actuals	Jul Forecast	Aug Forecast	Sep Forecast	Oct Forecast	Nov Forecast	Dec Forecast	Jan Forecast	Feb Forecast	Mar Forecast	Outturn Total	Jun Forecast	Jun Var
Opening Cash at Bank	**62.8**	**63.6**	**55.2**	**55.4**	**56.6**	**56.3**	**59.0**	**57.9**	**60.7**	**69.7**	**63.8**	**64.5**	**62.8**		
Cash Inflows															
Healthcare Contracts	23.8	23.6	22.3	24.2	20.6	24.2	24.2	23.3	20.6	21.5	22.2	22.4	273.1	24.2	(1.9)
Other NHS	3.4	1.0	1.6	1.4	1.4	1.4	1.5	1.5	1.3	1.7	1.6	1.6	19.5	1.6	0.1
Moorfields Private/Dubai/NCS	3.5	3.8	4.1	4.1	3.9	4.4	4.3	4.4	3.5	4.4	4.0	3.8	48.2	4.1	(0.0)
Research	1.0	0.9	1.2	1.4	1.4	1.6	1.4	1.4	1.4	1.4	1.4	1.6	15.9	1.4	(0.2)
VAT	2.4	-	0.9	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	16.7	1.5	(0.6)
PDC / Loan	-	5.0	-	-	7.5	1.1	0.9	1.0	10.0	-	14.7	26.5	66.8	-	-
Charity Donation	4.9	-	5.0	-	-	7.0	-	-	3.4	-	-	-	20.2	2.1	2.9
Other Inflows	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	2.3	**0.2**	(0.0)
Total Cash Inflows	**39.0**	**34.6**	**35.2**	**32.8**	**36.4**	**41.3**	**34.1**	**33.2**	**41.9**	**30.8**	**45.6**	**57.7**	**462.6**	**35.0**	**0.2**
Cash Outflows															
Salaries, Wages, Tax & NI	(15.8)	(16.1)	(16.3)	(16.3)	(16.3)	(16.3)	(16.3)	(16.3)	(16.3)	(16.3)	(16.3)	(16.3)	(194.9)	(16.1)	(0.2)
Non Pay Expenditure	(20.0)	(8.6)	(11.2)	(11.5)	(11.5)	(11.5)	(11.5)	(11.5)	(11.5)	(11.5)	(11.5)	(9.5)	(141.3)	(12.5)	1.3
Capital Expenditure	(0.0)	(0.3)	(0.4)	(1.0)	(1.0)	(0.9)	(5.1)	(0.3)	(1.5)	(1.5)	(1.2)	(2.3)	(15.4)	(1.2)	0.8
Oriel	(1.5)	(16.7)	(5.9)	(1.4)	(6.1)	(6.1)	(0.9)	(1.0)	(2.4)	(6.1)	(14.0)	(31.4)	(93.7)	(5.8)	(0.2)
Moorfields Private/Dubai/NCS	(1.0)	(1.2)	(1.2)	(1.3)	(1.3)	(1.3)	(1.3)	(1.3)	(1.3)	(1.3)	(1.3)	(1.3)	(15.0)	(1.3)	0.1
Financing - Loan repayments	-	-	-	-	(0.6)	(2.5)	-	-	-	-	(0.6)	(2.5)	(6.2)	-	-
Dividend Payable	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Cash Outflows	(38.2)	(43.0)	(35.0)	(31.5)	(36.8)	(38.7)	(35.1)	(30.4)	(33.0)	(36.7)	(44.9)	(63.3)	**(466.5)**	**(36.9)**	**1.9**
Net Cash inflows /(Outflows)	0.8	(8.4)	0.2	1.3	(0.4)	2.7	(1.0)	2.8	8.9	(5.9)	0.7	(5.7)	(3.9)	(1.9)	2.1
Closing Cash at Bank 2026/27	**63.6**	**55.2**	**55.4**	**56.6**	**56.3**	**59.0**	**57.9**	**60.7**	**69.7**	**63.8**	**64.5**	**58.9**	**58.9**		
Closing Cash at Bank 2026/27 Plan	57.6	54.1	53.2	56.4	55.1	58.3	62.9	66.2	65.7	66.4	66.9	58.9	58.9		
Closing Cash at Bank 2025/26	88.1	59.6	69.9	80.1	85.3	88.3	90.4	86.9	76.6	74.1	68.8	62.8	62.8		



Commentary

Cash flow

The cash balance as at the 30th June was £55.4m, a reduction of £7.4m since the end of March 2026..

The trust currently has 61 days of operating cash (prior month: 61 days).

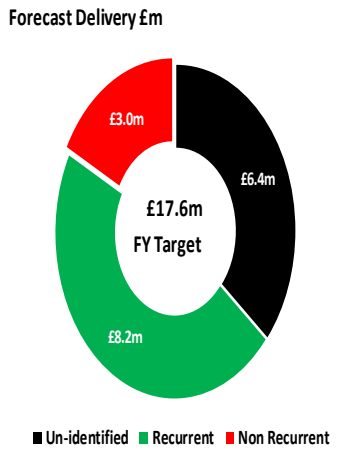
June cashflow saw a £0.2m inflow against a forecast outflow of £1.9m due to timing of Oriel capital donations and capital spend delayed to future months. The profiling for Oriel loans, PDC and capital payments are currently being refined and will be updated in future cashflow forecasts.

Efficiency Scheme Performance Reporting

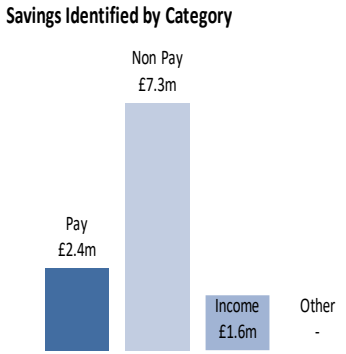
EFFICIENCY SCHEMES PERFORMANCE

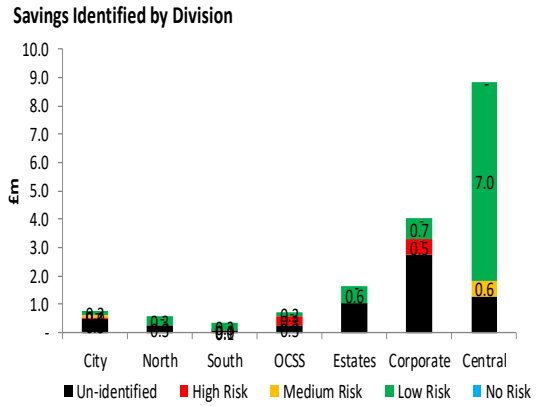
Efficiency Schemes £m	Annual Plan	In Month			Year to Date			Forecast		
		Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
City Road	£0.76m	£0.06m	£0.02m	(£0.04m)	£0.19m	£0.06m	(£0.13m)	£0.76m	£0.26m	(£0.51m)
North	£0.57m	£0.05m	£0.03m	(£0.02m)	£0.14m	£0.09m	(£0.06m)	£0.57m	£0.30m	(£0.27m)
South	£0.35m	£0.03m	£0.03m	£0.00m	£0.09m	£0.08m	(£0.01m)	£0.35m	£0.28m	(£0.07m)
Ophth. & Clinical Serv.	£0.72m	£0.06m	£0.09m	£0.03m	£0.18m	£0.12m	(£0.06m)	£0.72m	£0.45m	(£0.27m)
Research & Development	-	-	£0.01m	£0.01m	-	£0.02m	£0.02m	-	£0.08m	£0.08m
Trading	£0.75m	£0.06m	£0.02m	(£0.05m)	£0.19m	£0.05m	(£0.14m)	£0.75m	£0.48m	(£0.27m)
Corporate	£5.65m	£0.47m	£0.15m	(£0.32m)	£1.41m	£0.43m	(£0.98m)	£5.65m	£1.88m	(£3.77m)
DIVISIONAL EFFICIENCIES	**£8.80m**	**£0.73m**	**£0.35m**	**(£0.38m)**	**£2.20m**	**£0.85m**	**(£1.35m)**	**£8.80m**	**£3.71m**	**(£5.09m)**
Central	**£8.83m**	**£0.74m**	**£0.46m**	**(£0.28m)**	**£2.21m**	**£1.38m**	**(£0.83m)**	**£8.83m**	**£7.55m**	**(£1.29m)**
TRUST EFFICIENCIES	**£17.63m**	**£1.47m**	**£0.81m**	**(£0.66m)**	**£4.41m**	**£2.23m**	**(£2.18m)**	**£17.63m**	**£11.26m**	**(£6.37m)**

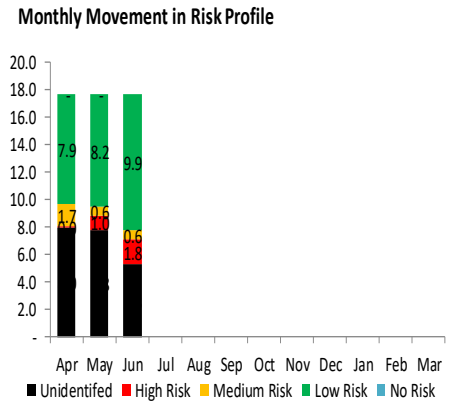
TRUST WIDE FORECAST



DIVISIONAL REPORTING & OTHER METRICS







*charts may include rounding differences

Commentary

Governance & Reporting

The trust has a planned efficiency programme of £17.6m for 2026/27 to deliver the Trust control total.

- Trust efficiencies are managed and reported via the Cost Improvement Programme (CIP) Delivery Group.

In Year Delivery

The trust is reporting efficiency savings achieved of:-

- £2.2m in YTD, compared to a plan of £4.4m, £2.2m adverse to plan; and
- £11.26m forecast, compared to a plan of £17.63m, £6.37m adverse to plan.

The Trust has an efficiency plan with delivery more towards half two of the financial year.

- Compared to a straight-line savings plan which would assume delivery evenly across the year, the Trust would be reporting £0.66m adverse in month.

Identified Savings

The trust has delivered £2.2m, £2.2m adverse to plan.

Of the total identified:-

- £8.5m is identified central schemes;
- £8.4m identified as non-pay schemes;
- £8.2m is forecast recurrently;
- £3.1m is forecast non-recurrently;

The CIP programme board are working through further efficiency scheme delivery for full financial validation towards increasing the level of identified and forecast delivery in 2026/27.

£9.3m represents the value of un-identified and non-recurrently identified savings.

Risk Profiles

The charts to the left demonstrates the

- identified saving by category,
- divisional identification status including risk profiles, and
- the trust wide monthly risk profile changes for identified schemes as the year progresses.

Moorfields Eye Hospital NHS Foundation Trust

Integrated Performance Report

Board of directors
30 July 2026

Report title	**Integrated Performance Report (IPR)**
Report from	Executive team
Prepared by	Victoria Moore, Director of Transformation & Performance Improvement Stephen Chinn, Performance Reporting Manager
Link to strategic objectives	Working together, discover, develop and deliver, sustainably and at scale

Executive summary

The integrated performance report provides a single, integrated view of organisational performance. It brings together metrics from operations, quality & safety, workforce, finance & research and enables the Board to see the whole-system performance in one place.

The integrated performance report has been refreshed for 2026/27 reporting, in line with a set of design principles agree with the Board. The report has been updated to provide a more focused set of indicators, aligning with the domains of the NHS national oversight framework and are that reflect the indicators pertinent to Moorfields, as a specialist ophthalmology hospital and NHS trust.

The more focused set of indicators that will be routinely discussed by the Board with appendix A setting out a suite of metrics that will be monitored but not routinely reported going forward. Any metrics in this suite that require further attention, will be brought forward as required for more in-depth review.

The format of the report has maintained the good practice 'making data count' methodology but enhancements have been made to the accessibility of the information, recognising the public facing nature of the document.

Following the refreshed IPR confirmation, further alignment with board subcommittees and the organisations internal performance review framework is in progress. The work is being led by the director of transformation and performance improvement and has been undertaken by a working group including representatives from clinical and operations, corporate and finance, strategy and performance improvement teams have been coordinating this work.

Quality implications

If the trust does not achieve the required performance standards, then this is likely to have a significant impact on the quality of care that we are able to provide for our patients.

Financial implications

If the trust does not achieve the required performance, activity and efficiency standards then this is likely to have a significant impact on the income that we receive and the level of expenditure that we incur to deliver care to our patients.

Risk implications

If the trust does not achieve the required performance standards, then this is likely to have a significant impact on the risk that we pose to our patients by not offering timely care.

Action required/recommendation.

The Board are provided with this report for assurance.

For assurance	✓	**For decision**		**For discussion**		**To note**	

Moorfields Eye Hospital NHS Foundation Trust

NHS

Integrated Performance Report

June 2026

Brief Summary of Report

Moorfields Eye Hospital NHS Foundation Trust

This report highlights a series of metrics regarded as Key Indicators of Trust Performance.

The report uses a number of mechanisms to put performance into context, showing achievement against target, in comparison to previous periods, and as a trend. The report also identifies additional information and narrative for KPIs, including those showing concern, falling short of target, or highlighting success where targets and improvement have been achieved.

The data within this report represents the submitted performance position, or a provisional position as of the time of report production, which would be subject to change pending validation and submission.

Performance Overview

Moorfields Eye Hospital NHS Foundation Trust

June 2026		Assurance		
		Capable Process	Hit and Miss	Failing Process
Variation	Special Cause Improvement	% Complaints Acknowledged in 3 days Staff Turnover Rate		Theatre Utilisation (MEH) Cataract Eyes Per List
	Common Cause	Statutory Mandatory Training Compliance	Cancer 28 Day FDS Recruitment NIHR portfolio studies	RTT 18w Perf vs. Planned 52 Week RTT Incomplete Breaches DNA Rate (Follow Up Outpatients) Duty of Candour Sickness Absence Rate (Monthly)
	Special Cause Concern			DNA Rate (First Outpatients) Average Call Waiting Time % of NIHR Research in Time

Executive Summary

June 2026 was a challenging month for the Trust, with periods of hot weather, increased patient enquiries following the patient letters incident and ongoing workforce pressures affecting performance. Despite this, the Trust continues to provide timely care for the vast majority of patients and has improvement plans in place across the key areas requiring attention.

Waiting time performance remains below the Trust's planned trajectory and the number of patients waiting more than 52 weeks remains above target. However, the reported position is still subject to validation and the Trust remains in a comparatively strong position, with focused action underway to improve waiting times further. Patients waiting more than 40 weeks continue to be reviewed weekly to ensure they are seen as quickly as possible.

Patients experienced some disruption during June, with higher levels of missed appointments and longer waits for calls to be answered. These issues were largely linked to the hot weather and the patient letters incident. The letters issue has now been resolved and additional actions are underway to improve patient communications and access to information.

Productivity in theatres and cataract services continued to improve during the month, although performance remains below the standards the Trust is aiming to achieve. Improvement programmes are in place to increase the number of patients treated and make best use of available theatre capacity.

There are also positive signs in workforce performance. Staff turnover remains low at **8.4%**, below the Trust target and continuing to improve, while mandatory training compliance remains strong at **88%**, above the required target of 80%. Staff sickness absence remains higher than the Trust would like, at **5.07%** over the last 12 months, and further work is underway to support staff wellbeing and attendance.

Research activity remained strong, with **80 patients** recruited into National Institute for Health and Care Research (NIHR) studies during June. Although this was below the monthly target of 115, work continues to expand research opportunities and improve recruitment performance.

Overall, while some key performance standards remain below target, the Trust continues to make progress in a number of areas and remains focused on improving access to care, supporting patients and staff, and delivering sustainable performance improvements.

Access to Services

IPR Metric Overview

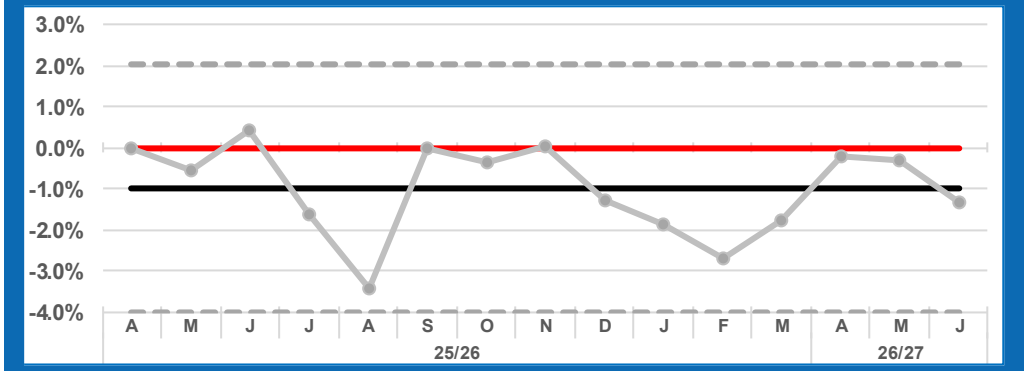
Moorfields Eye Hospital NHS Foundation Trust

Metric Description	Variation	Assurance	Year to Date	Current Period	Target	Metric Lead	Metric Source	Reporting Frequency
Difference Between Planned and Actual 18 week Performance		F	n/a	-1.32%	≥0%	Jon Spencer	NHS Oversight Framework	Monthly
52 Week RTT Incomplete Breaches		F	30	16	≤6 Breaches	Jon Spencer	NHS Operational Planning	Monthly
Cancer 28 Day Faster Diagnosis Standard		?	92.5%	100.0%	≥80%	Jon Spencer	NHS Oversight Framework	Monthly (Month in Arrears)
Theatre Utilisation (MEH Definition)	H	F	65.4%	64.9%	≥85%	Jon Spencer	Insightful Board	Monthly
Cataract Eyes Per Four Hour Theatre List	H	F	6.4	6.3	≥ 8 Per 4hr List	Jon Spencer	GIRFT Guidance	Monthly
DNA Rate (First Outpatients)	H	F	13.9%	14.8%	≤9.4%	Jon Spencer	Model Hospital	Monthly
DNA Rate (Follow Up Outpatients)		F	10.2%	10.8%	≤8.1%	Jon Spencer	Model Hospital	Monthly
Average Call Waiting Time	H	F	n/a	590	≤ 2 Mins (120 Sec)	Jon Spencer	Internal Measure	Monthly

Access to Services

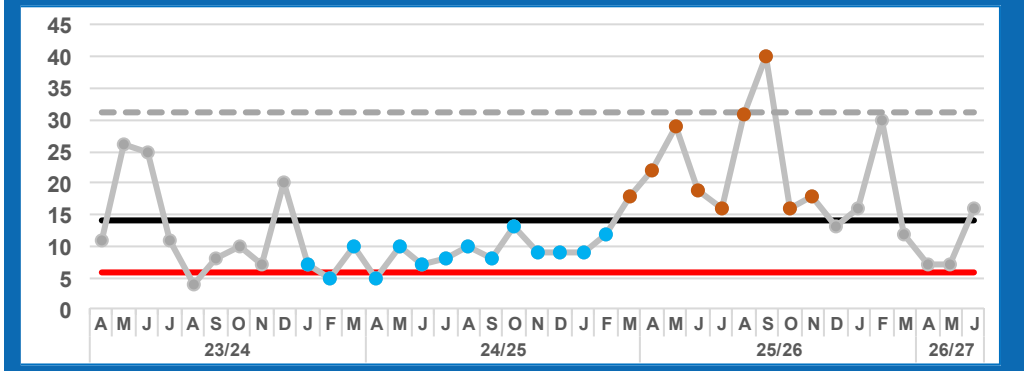
IPR Metrics – Referral To Treatment

Difference Between Planned and Actual 18 week Performance



'Difference Between Planned and Actual 18 week Performance' is showing 'common cause variation' with the current process unlikely to achieve the target. The figure is currently at -1.32%.

52 Week RTT Incomplete Breaches



'52 Week RTT Incomplete Breaches' is showing 'common cause variation' with the current process unlikely to achieve the target. - This is a change from the previous month. The figure is currently at 16.

- The data shows that performance against the 18-week referral to treatment (RTT) standard is below plan for June. The Trust is currently validating the position to ensure reported data is accurate. National reporting deadlines have been extended to allow organisations additional time to complete this work. Validation work may result in some movement in the reported position; however, there remains a significant risk that the June target will not be achieved
- During June, performance was affected by a number of operational pressures. Periods of hot weather led to some outpatient and theatre cancellations and contributed to an increase in patients not attending appointments. This reduced the benefit of the additional activity that had been planned to support waiting time improvements. Administrative and management capacity was also affected by the Trust-wide patient letters incident. In addition, the transition of Bedford services has had a greater than anticipated impact on performance due to data quality issues.

Actions to improve performance and reduce waiting times include:

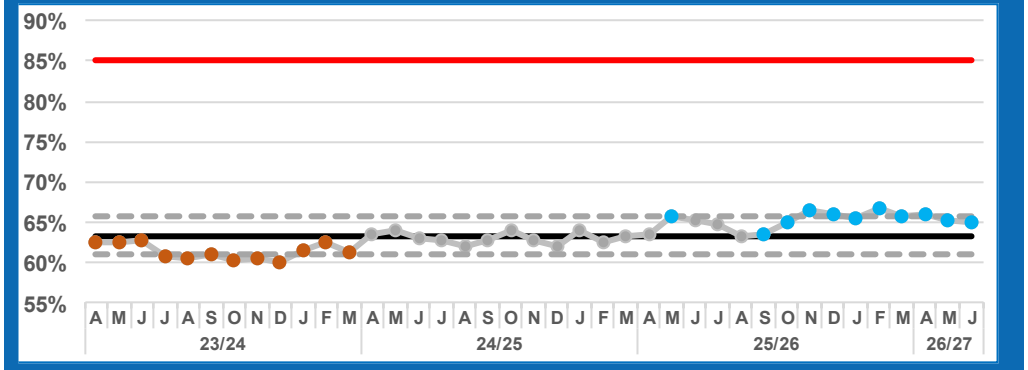
- Additional waiting list validation activity, coordinated by Divisional Managers and supported by the central validation team, to ensure waiting lists are accurate and patients receive treatment as soon as possible.
- Additional outpatient clinics and theatre lists for patients who have waited the longest, delivered in partnership with divisional managers and clinical leads and subject to available funding.
- Development of permanent capacity increases in services with the longest waits. Business cases are being prepared and will be considered during July, with implementation planned from September.
- Increasing the number of first appointments booked directly and improving clinical triage processes to help reduce patient waiting times.
- Continuing to improve key productivity measures, including cataract productivity, theatre utilisation and reducing the number of patients who do not attend appointments.
- The number of patients waiting more than 52 weeks remains above target; however, this position is also subject to ongoing validation before national reporting is finalised.

All patients waiting more than 40 weeks are reviewed weekly to ensure appointments and treatment are arranged at the earliest opportunity.

Access to Services

IPR Metrics – Theatre Performance

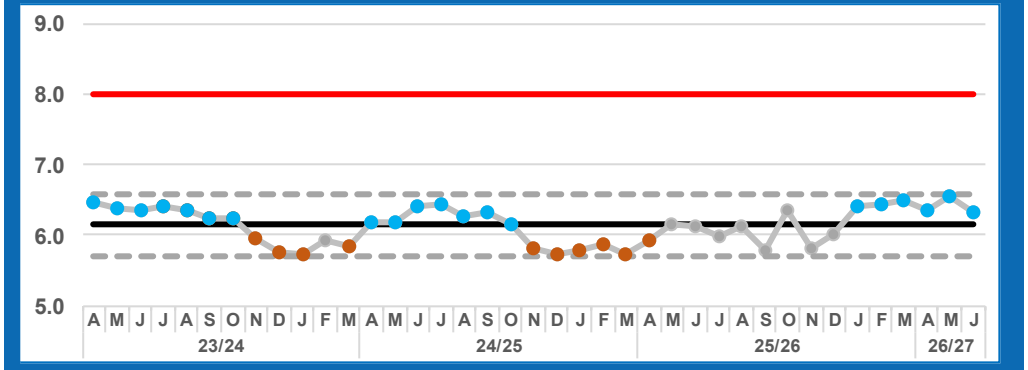
Theatre Utilisation (MEH Definition)



'Theatre Utilisation (MEH Definition)' is showing 'special cause improvement' however the current process is unlikely to achieve the target. The figure is currently at 64.9%.

- The data shows that theatre utilisation is continuing to improve but remains below the level we aim to achieve.
- Performance remains below target due to the impact of late starts, early finishes and cancellations on the day of surgery, which reduce the amount of operating time available for patient care.
- Theatre oversight groups meet regularly to review performance and agree actions to improve theatre utilisation across sites and services. Current actions include:
- Reviewing theatre start times and testing a new approach to help ensure operating lists begin promptly.
- Improving compliance with the Trust's theatre scheduling process to ensure operating lists are fully booked at least two weeks before surgery.
- Sharing performance data with clinical teams to increase awareness of performance issues and identify opportunities for improvement.
- Implementing service-specific and theatre list-specific improvement actions agreed with clinical leads.
- Progress against these actions is reviewed monthly through theatre oversight groups, with actions assigned to the relevant clinical or operational leads for delivery

Cataract Eyes Per Four Hour Theatre List



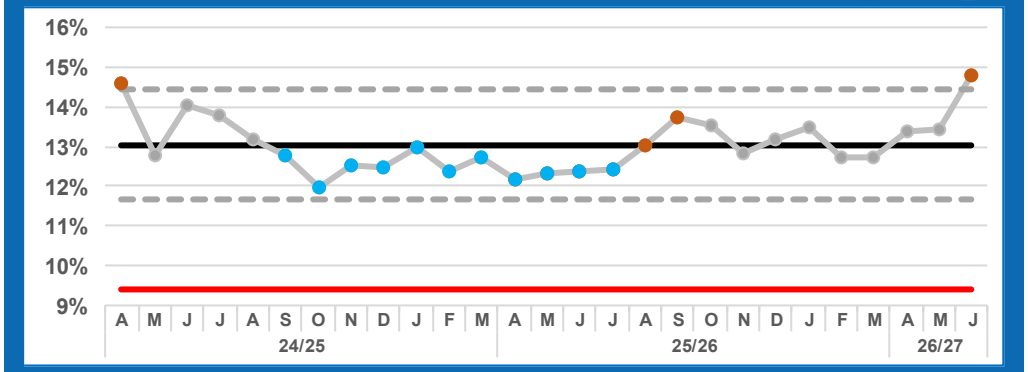
'Cataract Eyes Per Four Hour Theatre List' is showing 'special cause improvement' however the current process is unlikely to achieve the target.The figure is currently at 6.30.

- The data shows that the number of patients treated during each cataract theatre session is improving but remains below the level we aim to achieve.
- Performance is being affected by inconsistent booking practices, cancellations on the day of surgery and the complexity of some cases, which can reduce the number of procedures that can be completed during a theatre session.
- Actions to improve productivity include:
- Site visits by the Chief Medical Officer to review variation in booking practices and support improvement.
- Testing a new approach to scheduling on selected theatre lists, to maximise the number of patient treated and building on learning from the GIRFT hub optimisation programme.
- Reviewing waiting lists and identifying high-volume lists to ensure patients requiring longer procedures are scheduled appropriately.
- These actions are being led by the Chief Medical Officer and the Service Director for Cataract, with implementation planned by October 2026

Access to Services

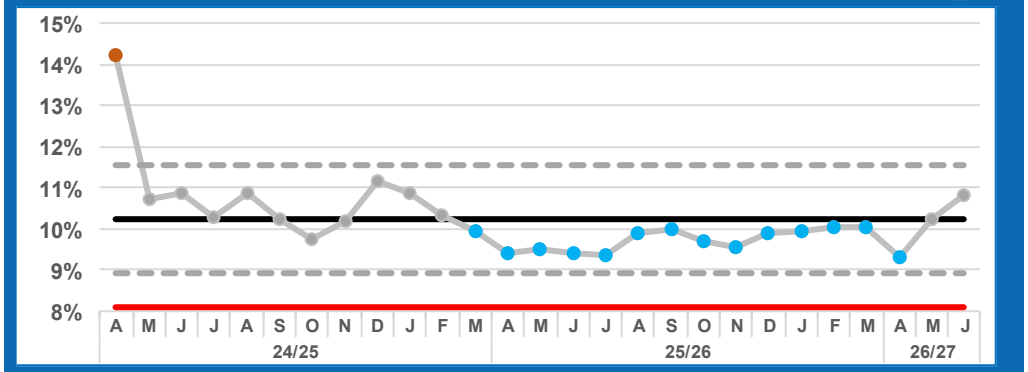
IPR Metrics – Did Not Attend (DNA) Performance

DNA Rate (First Outpatients)



'DNA Rate (First Outpatients)' is showing 'special cause concern' and that the current process is unlikely to achieve the target. - This is a change from the previous month. The figure is currently at 14.8%.

DNA Rate (Follow Up Outpatients)



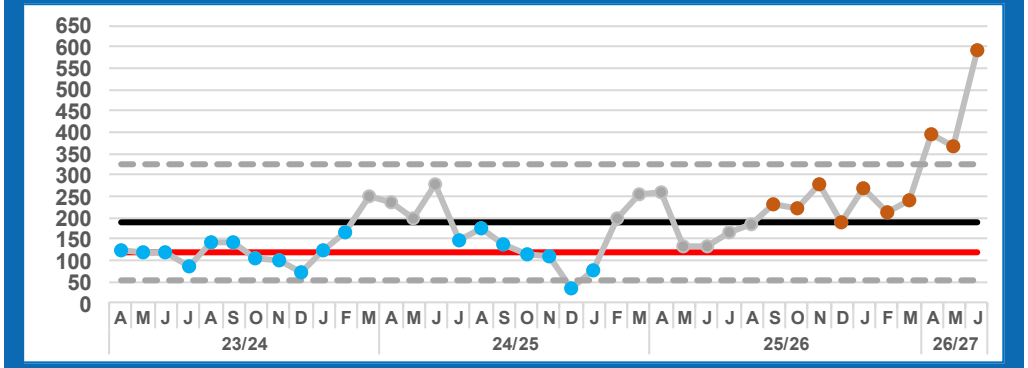
'DNA Rate (Follow Up Outpatients)' is showing 'common cause variation' with the current process unlikely to achieve the target. - This is a change from the previous month. The figure is currently at 10.8%.

- The data shows an increase in the number of patients who did not attend their outpatient appointments in June, for both first and follow-up appointments.
- This increase was associated with two significant events. Firstly, the period of hot weather affected some patients' ability to travel to appointments. Secondly, the patient letters incident resulted in delays to appointment letters and reminder messages. More broadly, the underlying challenges relating to patient communication and patient choice remain unchanged.
- The patient letters incident has now been resolved and normal communication processes have been restored. Operational teams continue to report some missed appointments associated with the hot weather. Information has been published on the Trust website to help patients stay safe during periods of hot weather and to provide contact details for patients who need to rearrange their appointment.
- We are currently evaluating the results of a pilot to test an enhanced appointment reminder system. Early findings are encouraging, and we will assess the potential benefits of a Trust-wide rollout over the next month. This work is being led by the Digital Clinical Services Division

Access to Services

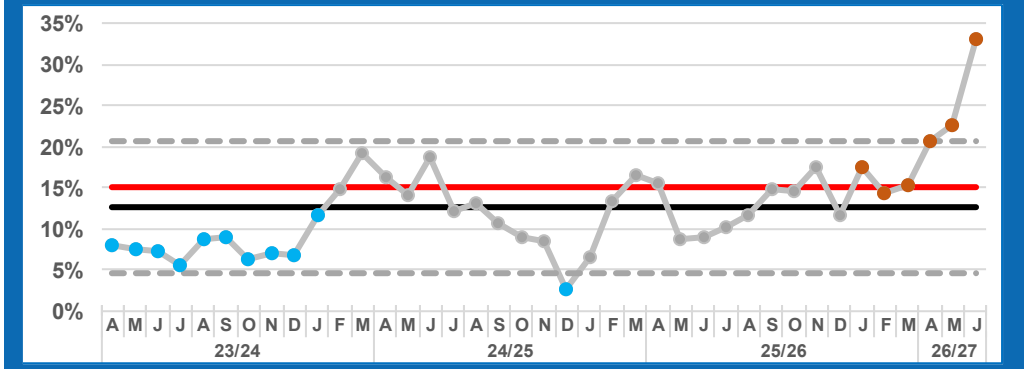
IPR Metrics – Call Centre Performance

Average Call Waiting Time



'Average Call Waiting Time' is showing 'special cause concern' and that the current process is unlikely to achieve the target.The figure is currently at 590.

Average Call Abandonment Rate



'Average Call Abandonment Rate' is showing 'special cause concern' and that the current process is not consistently achieving the target. The figure is currently at 33.2%.

The data shows that, in June, patients waited longer for their calls to be answered and a higher proportion of callers ended the call before speaking to a member of staff. This reflects a significant increase in the number of calls received during the month. This was linked to the period of hot weather and increased patient enquiries following the patient letters incident. At the same time, the service continued to experience staffing pressures due to vacancies and sickness absence.

Actions being taken to improve response times include:

- Recruiting to permanent vacancies and reducing reliance on temporary staffing.
- Strengthening management oversight to support day-to-day decision-making and ensure resources are used where they are most needed.
- Improving information available on the Trust website so that patients can access the information they need without having to contact the service.

Progress against this improvement plan is reviewed weekly by the directorate and divisional management team. The trust recognises the impact that delays in answering calls has on patients and remains focused on improving access and response times.

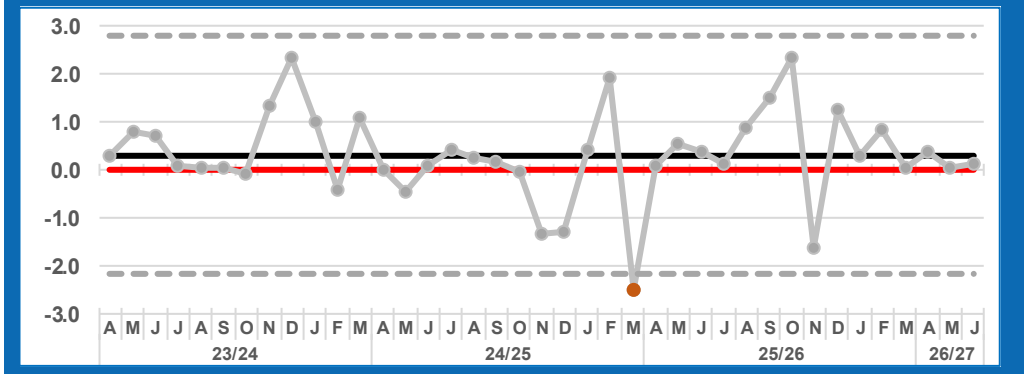
Finance Metrics

IPR Metric Overview

Metric Description	Variation	Assurance	Year to Date	Current Period	Target	Metric Lead	Metric Source	Reporting Frequency
Variance year-to-date to financial plan		P	0.48	0.10	≥0	Arthur Vaughan	NHS Oversight Framework	Monthly

Narrative for Finance and Productivity can be found in the Finance Report

Variance year-to-date to financial plan



'Variance year-to-date to financial plan' is showing 'common cause variation' and that the current process will consistently pass the target. The figure is currently at 0.10.

Patient Safety & Effectiveness and Experience

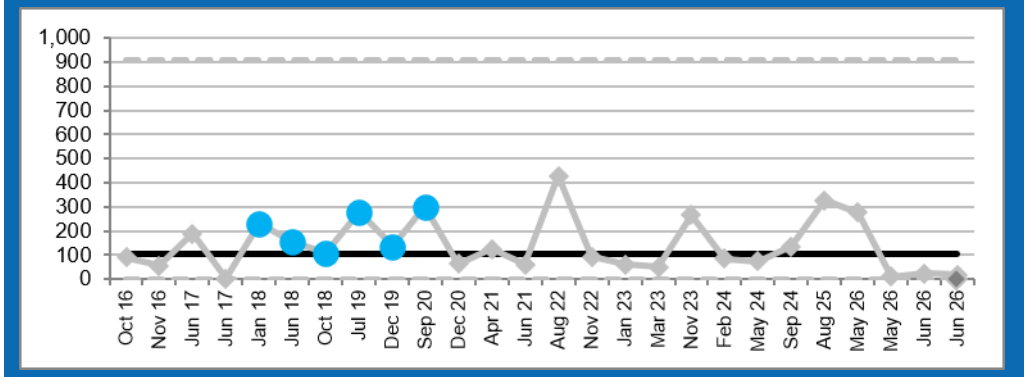
IPR Metric Overview

Metric Description	Variation	Assurance	Year to Date	Current Period	Target	Metric Lead	Metric Source	Reporting Frequency
Frequency of any Never events (Days Since Last)			n/a	18	No Target Set	Suminthra Naidu	Internal Measure	Days Since Last
Percentage of responses to written complaints acknowledged within 3 days			97.4%	94.7%	≥80%	Ian Tombleson	Statutory Submission	Monthly
Unexpected Moorfields Admission Following Surgery			In Dev.	In Dev.	tbc	Louisa Wickham	Internal Measure	Monthly
Duty of Candour (% conversations informing family/carer occurred within 10 working days)			n/a	50.0%	No Breaches	Suminthra Naidu	Statutory Submission	Monthly (Month in Arrears)

Patient Safety & Effectiveness and Experience

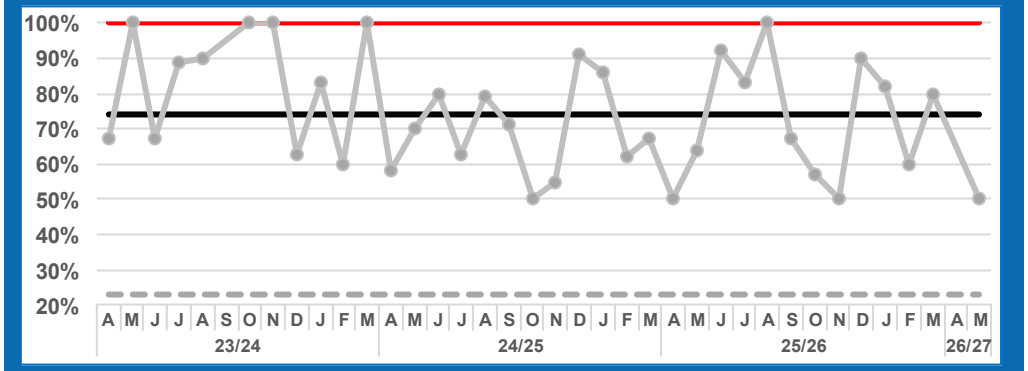
IPR Metrics – Never Events & Duty of Candour

Frequency of any Never events (Days Since Last)



'Frequency of any Never events (Days Since Last)' is showing 'common cause variation'. The figure is currently at 18.

Duty of Candour (% conversations informing family/carer occurred within 10 working days)



'Duty of Candour (% conversations informing family/carer occurred within 10 working days)' is showing 'common cause variation' with the current process unlikely to achieve the target. The figure is currently at 50.0%.

Never Events

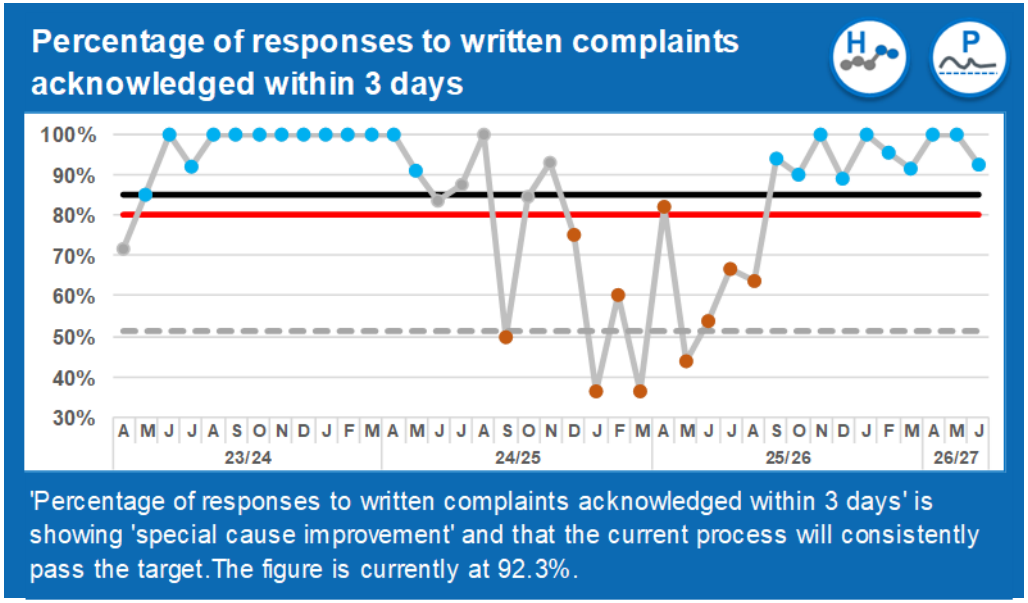
- Two never events, relating to insertion of an incorrect intraocular lens (IOL), were reported in June (one was also reported in May).
- A thematic review of all three events was initiated in June. The specific details are being considered alongside the findings from an investigation into the same event at St Ann's that was completed earlier in the year.
- A multi-disciplinary quality summit, which includes trust wide representation from surgical, nursing, digital clinical safety, and the EPR team, has been initiated. The purpose of the summit is to support review of the incidents, and to specifically consider what supports insertion of the correct lens given that this consistently happens.
- The review is being supported by an independent patient safety expert.

Duty of candour

- The data shows considerably lower compliance than is acceptable.
- We continue to work with divisions and services to improve performance against the target and also create consistent delivery. We are sourcing support through the new consultant site leadership structure and resident medical education
- The DoC policy is being revised alongside a review of supporting information and potentially template documents and we seek new opportunities to raise awareness of DoC principles
- We will continue to review how other trusts report this metric to ensure we are using the most appropriate method, given the complexity of the conversations required.

Patient Safety & Effectiveness and Experience

IPR Metrics – Complaints Performance



We continue to exceed the standard for the past 10 months

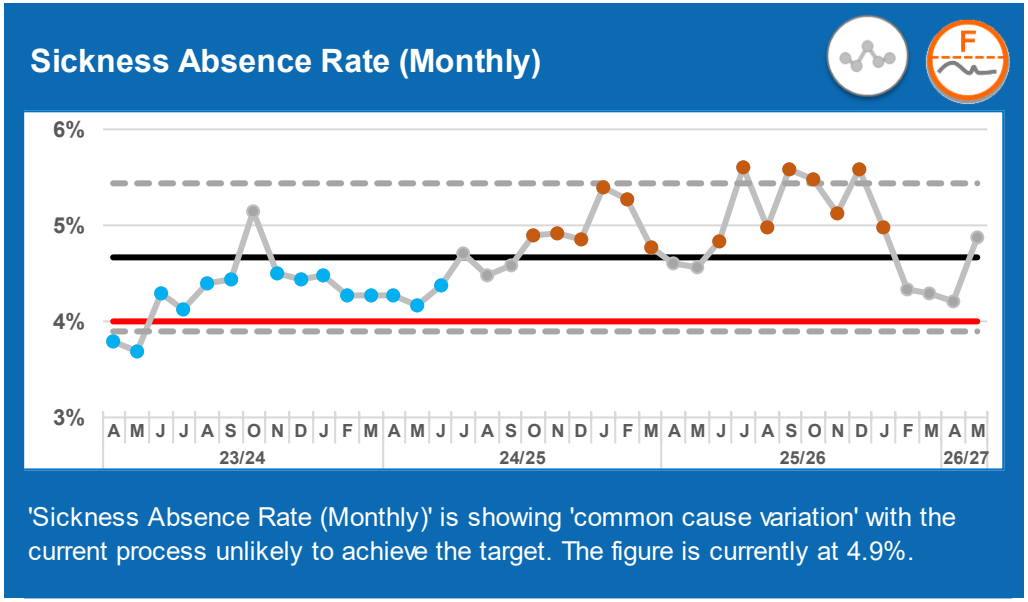
People and Workforce

IPR Metric Overview

Metric Description	Variation	Assurance	Year to Date	Current Period	Target	Metric Lead	Metric Source	Reporting Frequency
Sickness Absence Rate (Monthly)		F	n/a	4.9%	≤4%	Sue Steen	NHS Oversight Framework	Monthly (Month in Arrears)
Staff Turnover (Rolling Annual Figure)	L	P	n/a	8.4%	≤10.0%	Sue Steen	Insightful Board	Monthly (Month in Arrears)
Proportion of Temporary Staff	L		6.7%	6.6%	No Target Set	Sue Steen	NHS Operational Planning	Monthly
Statutory Mandatory Training Compliance		P	n/a	86.2%	≥80%	Sue Steen	Internal Measure	Monthly

People and Workforce

IPR Metrics – Sickness Absence Rate



The current Sickness Rate (12 months rolling) is 5.07%, indicating a cause for concern over the last year. This metric consistently falls short of the 4% target. The top 3 reasons for sickness currently are: “Anxiety/stress/depression/other psychiatric illness”, “Other musculoskeletal problems and “Cold, Cough, Flu – Influenza”.
The In Month Sickness Rate is 4.87%, which has increased since last month. The In Month, Short-Term Sickness Rate is 2.33% and Long-Term Sickness Rate is 2.54%.
The hotspot areas for In Month Sickness in March were North Division (7.2%) and City Road (5.9%) and Private Patients (5.6%).

Sickness Absence Policy and Manager training

•The updated policy was published on 12 March
•ER team delivered 7 training sessions for managers in March, April and May
•In addition to this, further bespoke sessions have been delivered to Estates and Facilities, North Division and Private
•87 managers attended these sessions
•Further sessions will be delivered throughout 2026 (monthly), as bookable training sessions and bespoke sessions delivered to divisions

Return to Work Drive and Audit

Monthly absence reports from HR shared with divisions to support timely contact and active case management, including trigger-point alerts
ER Team have implemented a robust process to ensure that the team follows up on every new case which triggered new sickness policy and that managers are contacted with advice and guidance to ensure they take the next steps in all new cases.
All new cases of absence within the Trust (400-550 cases monthly on average) are also followed up by the ER team with emails to the managers, advising them of the next steps they are required to take. The ER team will chase and record the Return to Work forms for all sickness cases.

Sickness absence reduction project

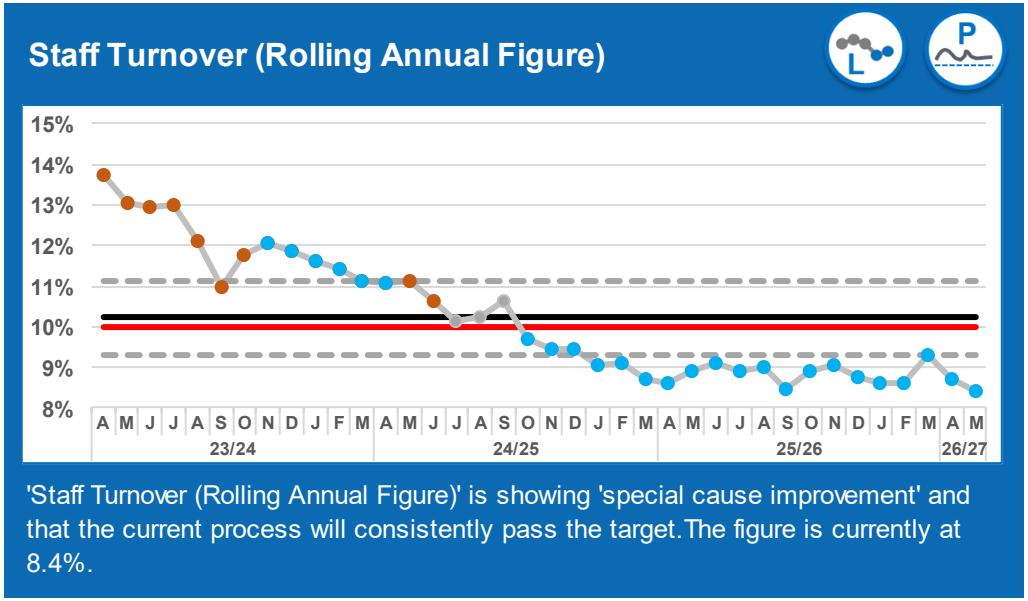
Actions supporting proactive prevention to improve staff experience and reduce absence:
We are still awaiting outcome on the grant application to MEC to fund specialist psychological support
We are finalising the process for setting out the psychologist offering ‘reflective spaces’ for colleagues
Proposal for the commissioning of a pilates/movement specialist to provide targeted MSK intervention has been finalised and is awaiting approval.

Triangulation of data with divisions and action planning

We are going to introduce regular meetings with divisional representatives to discuss all the data which may relate to sickness absence, including staff experience and survey responses.
The purpose of this meeting will be to triangulate all the available data and to agree actions which

People and Workforce

IPR Metrics – Staff Turnover



'Staff Turnover (Rolling Annual Figure)' is showing 'special cause improvement' and that the current process will consistently pass the target.The figure is currently at 8.4%.

The rolling 12-month turnover rate for the period is 8.4% which is below the Trust target. It reflects special cause of an improving nature.

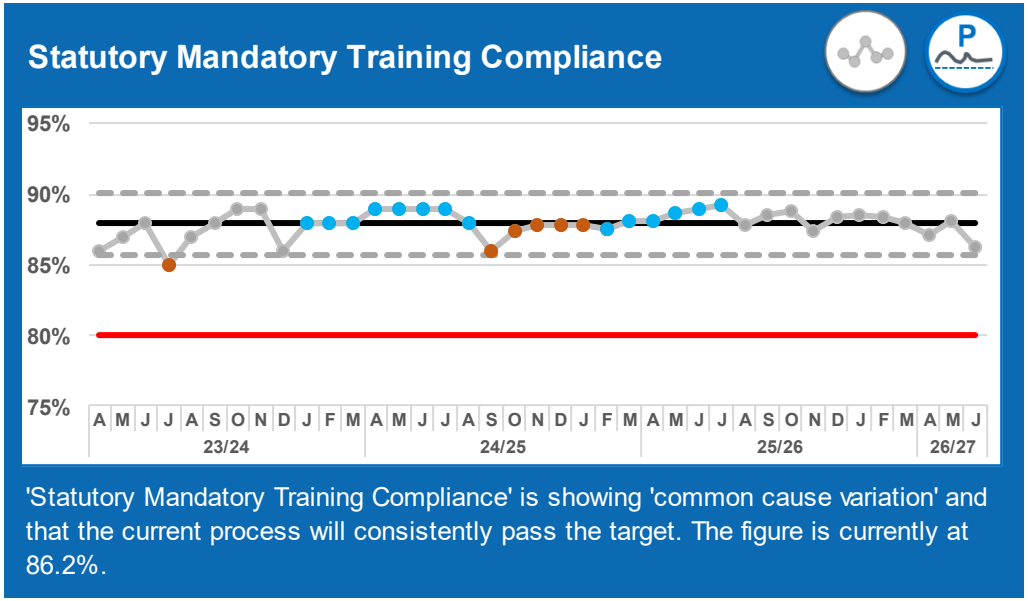
For Divisions with more than 30 staff, Finance Director has the highest turnover rate currently at 21% (7 FTE Leavers) followed by People & OD at 20.3% (9.9 FTE Leavers). The clinical division with the highest turnover is North Division at 11.9% (40.5 FTE Leavers). Departments with the highest turnover in that Division are North East Theatres (41.6%), North West Theatres (16%) and St. Ann's (14.6%).

Top 3 reasons for leaving are: Voluntary Resignation – Other/Not known, Promotion & Relocation.

19.1% of leavers had less than 1 year of service. The staff group with the highest turnover rate is currently Additional Clinical Services at 11.1%

People and Workforce

IPR Metrics – Statutory Mandatory Training Compliance



'Statutory Mandatory Training Compliance' is showing 'common cause variation' and that the current process will consistently pass the target. The figure is currently at 86.2%.

The level of Mandatory Training Compliance Rate reported for the month of May was 88%, this is above the 80% required target level.

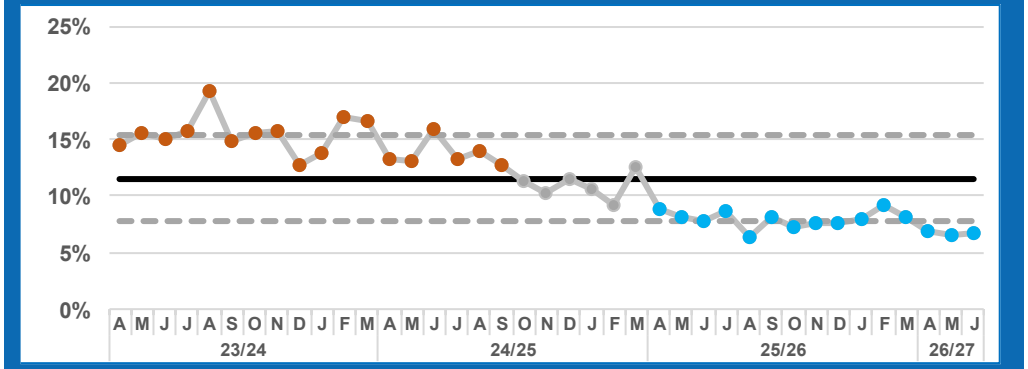
Overall, mandatory training compliance remains stable. During May targeted effort was initiated to improve Information Governance compliance to 90%, signalling a more focused approach to driving improvement in a key subject. Despite stability at an aggregate level, Moving & Handling level 2 (patient Handling) continues to under-perform at 73%. Targeted action in this area is required to address the gap and improve assurance.

People and Workforce

IPR Metrics – Temporary Staff

Moorfields Eye Hospital NHS Foundation Trust

Proportion of Temporary Staff



'Proportion of Temporary Staff' is showing 'special cause improvement' (decreasing rate).The figure is currently at 6.6%.

- The demand for temporary staffing shifts decreased in June increased by 900 shifts.
- 5% of (AFC) shifts were added retrospectively
- 25% of shifts were added with more than 4 weeks notice
- Average TTH for Bank Only was 20 days and 1.2 days for Sub

Total temporary staffing spend based on invoicing data in M3 was £1.16m Bank spend was £1m, slightly over our planned reduction target Agency spend was £82K, £231k Medical Agency spend was £35k, which equates to 42% of our total agency pay bill

Advancing Eye Care

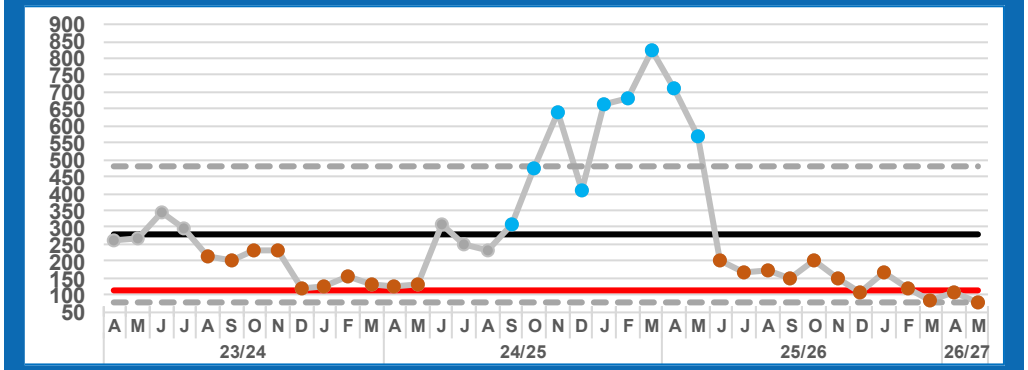
IPR Metric Overview

Metric Description	Variation	Assurance	Year to Date	Current Period	Target	Metric Lead	Metric Source	Reporting Frequency
Total Patient Recruitment to NIHR Portfolio Adopted Studies			188	80	≥115 (per month)	Viren Jeram	Internal Measure	Monthly (Month in Arrears)
% of NIHR Portfolio Clinical Research Studies Set Up in Time (90 day component) - Rolling 3 Months			n/a	33.3%	≥90.0%	Viren Jeram	Internal Measure	Monthly

Improving Health and Reducing Inequality

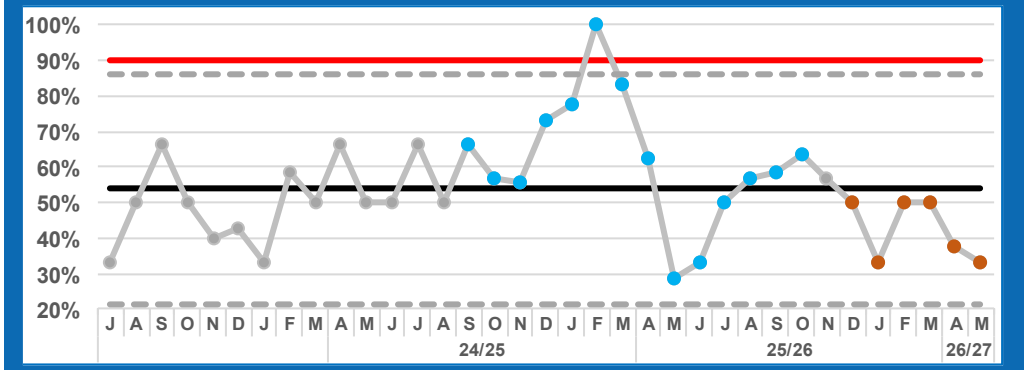
IPR Metrics – Research Charts

Total Patient Recruitment to NIHR Portfolio Adopted Studies



'Total Patient Recruitment to NIHR Portfolio Adopted Studies' is showing 'common cause variation' and that the current process is not consistently achieving the target. The figure is currently at 80.

% of NIHR Portfolio Clinical Research Studies Set Up in Time (90 day component) - Rolling 3 Months



'% of NIHR Portfolio Clinical Research Studies Set Up in Time (90 day component) - Rolling 3 Months' is showing 'special cause concern' and that the current process is unlikely to achieve the target.The figure is currently at 33.3%.

Total patient recruitment to NIHR Portfolio adopted studies

In June 2026, at the time of submitting the metrics, 80 patients were recruited to NIHR Portfolio studies, below the monthly target of 115 and down from 108 previously recorded in May. Recruitment figures are routinely updated following submission as additional activity is confirmed and recorded.

The reduction reflects the closure of several high-recruiting observational studies, which have yet to be fully replaced, although recruitment to higher-value interventional and commercial studies remains stable. To support future growth, the R&D leadership team continues to focus on attracting new studies, progressing set-up activity, and minimising gaps between study closure and replacement. The recently opened WABS study is expected to support recruitment over the coming months.

Percentage of Clinical Research Studies Recruited Within 90 Days

Between March and May 2026, 33% of eligible studies recruited their first participant within 90 days of the Study Setup Start Date (2 of 6 studies), below the NHS Oversight Framework target of 90%.

Performance is impacted by the small number of studies reaching an outcome each month, where individual studies can significantly affect the overall percentage. The R&D team is working with study teams to reduce delays in study set-up and recruitment, while also strengthening data quality processes to ensure key milestones are recorded promptly and accurately in EDGE. Performance and data quality are reviewed monthly by the R&D leadership team.

Moorfields Eye Hospital NHS Foundation Trust

Appendix

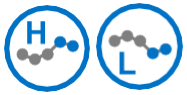
Guide to Chart Icons

Moorfields Eye Hospital NHS Foundation Trust

Introduction to 'SPC' and Making Data Count

Statistical process control (SPC) is an analytical technique that plots data over time. It helps us understand variation and in doing so, guides us to take the most appropriate action.

This report uses a modified version of SPC to identify common cause and special cause variations, and assurance against agreed thresholds and targets. The model has been developed by NHS improvement through the 'Making Data Count' team, which uses the icons as described to the right to provide an aggregated view of how each KPI is performing with statistical rigor.

Variation	
	**Common Cause:** No Significant Change or Variation
	Special cause of **concerning** nature or higher pressure due to (H)igher or (L)ower values
	Special cause of **improving** nature or higher pressure due to (H)igher or (L)ower values
	Special cause of showing an **increasing** trend
	Special cause of showing a **decreasing** trend

Assurance	
	Inconsistent passing and failing of the target ("**Hit-or-Miss**")
	Recent performance or variation indicates consistent **passing** of the target
	Recent performance or variation indicates the target is n**ot consistently met**

Data Table

Moorfields Eye Hospital NHS Foundation Trust

Metric Name	Reporting Period	Period Performance	Target	Reporting Frequency	Variation (Trend/ Exception)	Assurance	Recent Average	Lower Limit	Upper Limit	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
Access to Services																						
Difference Between Planned and Actual 18 week Performance	Jun-26	-1.32%	≥0%	Monthly	Common Cause	Failing	-1.01%	-4.04%	2.02%	0.41%	-1.65%	-3.45%	0.00%	-0.38%	0.01%	-1.28%	-1.89%	-2.72%	-1.80%	-0.22%	-0.30%	-1.32%
52 Week RTT Incomplete Breaches	Jun-26	16	≤6 Breaches	Monthly	Common Cause	Failing	14	-3	31	19	16	31	40	16	18	13	16	30	12	7	7	16
Cancer 28 Day Faster Diagnosis Standard	May-26	100.0%	≥80%	Monthly (Month in Arrears)	Common Cause	Hit or Miss	75.3%	23.8%	126.7%	100.0%	80.0%	66.7%	50.0%	75.0%	66.7%	n/a	0.0%	0.0%	90.0%	94.3%	100.0%	n/a
Theatre Utilisation (MEH Definition)	Jun-26	65.0%	≥85%	Monthly	Improvement	Failing	63.3%	61.0%	65.7%	65.3%	64.8%	63.2%	63.6%	65.0%	66.4%	65.9%	65.4%	66.7%	65.7%	65.9%	65.3%	65.0%
Cataract Eyes Per Four Hour Theatre List	Jun-26	6.30	≥ 8 Per 4hr List	Monthly	Improvement	Failing	6.14	5.70	6.58	6.10	6.00	6.10	5.80	6.40	5.80	6.00	6.40	6.40	6.50	6.40	6.50	6.30
DNA Rate (First Outpatients)	Jun-26	14.8%	≤9.4%	Monthly	Concern	Failing	13.0%	11.6%	14.4%	12.4%	12.4%	13.0%	13.7%	13.5%	12.8%	13.2%	13.5%	12.7%	12.7%	13.4%	13.4%	14.8%
DNA Rate (Follow Up Outpatients)	Jun-26	10.8%	≤8.1%	Monthly	Common Cause	Failing	10.3%	8.9%	11.6%	9.4%	9.4%	9.9%	10.0%	9.7%	9.5%	9.9%	10.0%	10.0%	10.0%	9.3%	10.3%	10.8%
Average Call Waiting Time	Jun-26	590	≤ 2 Mins (120 Sec)	Monthly	Concern	Failing	189	52	325	131	163	184	232	222	277	191	269	212	238	394	365	590
Patient Safety & Effectiveness and Experience																						
Percentage of responses to written complaints acknowledged within 3 days	Jun-26	94.7%	≥80%	Monthly	Improvement	Capable	84.9%	51.7%	118.0%	53.6%	66.7%	63.6%	94.1%	90.0%	100.0%	88.9%	100.0%	95.5%	91.3%	100.0%	100.0%	94.7%
Duty of Candour (% conversations informing family/carer occurred within 10 working days)	May-26	50.0%	No Breaches	Monthly (Month in Arrears)	Common Cause	Failing	74.3%	23.1%	125.5%	92.0%	83.0%	100.0%	67.0%	57.0%	50.0%	90.0%	82.0%	60.0%	80.0%	n/a	50.0%	n/a
People and Workforce																						
Sickness Absence Rate (Monthly)	May-26	4.9%	≤4%	Monthly (Month in Arrears)	Common Cause	Failing	4.7%	3.9%	5.4%	4.8%	5.6%	5.0%	5.6%	5.5%	5.1%	5.6%	5.0%	4.3%	4.3%	4.2%	4.9%	n/a
Staff Turnover (Rolling Annual Figure)	May-26	8.4%	≤10.0%	Monthly (Month in Arrears)	Improvement	Capable	10.2%	9.3%	11.1%	9.1%	8.9%	9.0%	8.5%	8.9%	9.1%	8.8%	8.6%	8.6%	9.3%	8.7%	8.4%	n/a
Proportion of Temporary Staff	Jun-26	6.6%	No Target Set	Monthly	Improvement	Not Applicable	11.7%	7.8%	15.6%	7.8%	8.6%	6.4%	8.2%	7.3%	7.6%	7.6%	8.0%	9.1%	8.1%	6.9%	6.6%	6.6%
Statutory Mandatory Training Compliance	Jun-26	86.2%	≥80%	Monthly	Common Cause	Capable	87.9%	85.7%	90.1%	88.9%	89.3%	87.8%	88.6%	88.8%	87.4%	88.3%	88.5%	88.3%	87.9%	87.1%	88.0%	86.2%
Advancing Eye Care																						
Total Patient Recruitment to NIHR Portfolio Adopted Studies	May-26	80	≥115 (per month)	Monthly (Month in Arrears)	Common Cause	Hit or Miss	279	80	478	200	168	170	147	199	148	109	168	116	86	108	80	n/a
% of NIHR Portfolio Clinical Research Studies Set Up in Time (90 day component) - Rolling 3 Months	May-26	33.3%	≥90.0%	Monthly (Month in Arrears)	Concern	Failing	53.9%	21.5%	86.3%	33.3%	50.0%	57.1%	58.3%	63.6%	57.1%	50.0%	33.3%	50.0%	50.0%	37.5%	33.3%	n/a

Moorfields Eye Hospital NHS Foundation Trust

NHS

Integrated Monitoring Metrics

June 2026

Moorfields Eye Hospital NHS Foundation Trust

Brief Summary of Report

This report highlights a series of metrics regarded as Monitoring Indicators of Trust Performance.

The report uses a number of mechanisms to put performance into context, showing achievement against target, in comparison to previous periods, and as a trend. The report indicates as a summary where these metrics show concern or are consistently falling short of target, or highlighting success where targets and improvement have been achieved.

The data within this report represents the submitted performance position, or a provisional position as of the time of report production, which would be subject to change pending validation and submission.

Performance Overview

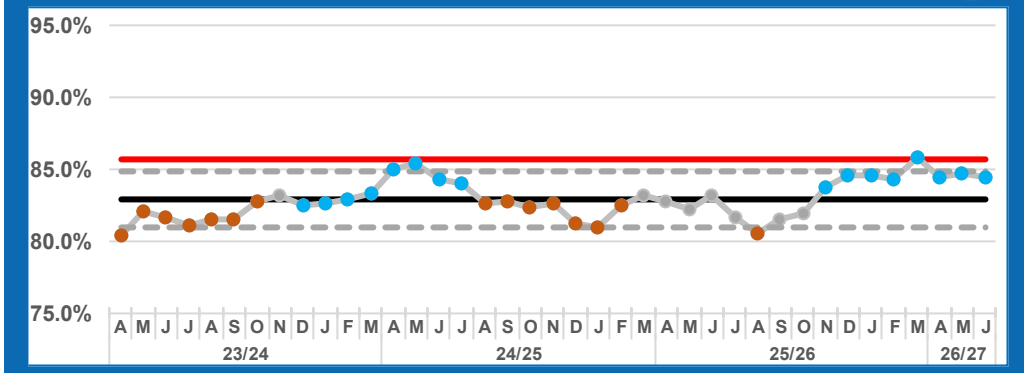
Moorfields Eye Hospital NHS Foundation Trust

June 2026		Assurance		
		Capable Process	**Hit and Miss**	**Failing Process**
Variation	**Special Cause Improvement**	% Cancer 62 Day Waits (All) Theatre Utilisation (MH) % Complaints Acknowledged in 3 days % Discharged on DRD Average Days (DRD) Ward Fill Rate Staff Turnover Rate	Elective Activity - % of Phased Plan	18 Week RTT Incomplete Performance
	Common Cause	% 52 Week RTT Incomplete Breaches A&E Four Hour Performance % Cancer 31 Day Waits (All) Summary Hospital Mortality Indicator MRSA Bacteraemias Cases Clostridium Difficile Cases E. Coli Cases Mixed Sex Accommodation Breaches VTE Risk Assessment FFT Inpatient Scores (% Response)	% Diagnostic WT less than 6w HNM Cancelled 28 day breaches Total Outpatient Activity (% Plan) Outpatient First Activity (% Plan) Outpatient Flw Up Activity (% Plan) Injection Activity (% Plan) Occurrence of any Never events NatPSAs breached	Theatre Cancellation Rate (NHM)
	Special Cause Concern	FFT Outpatient Scores (% Response) FFT A&E Scores (% Response)	% A&E Waits Over Twelve Hours Average Call Abandonment Rate	% FoI Requests within 20 Days Sickness Absence Rate (Annual)

Performance Overview

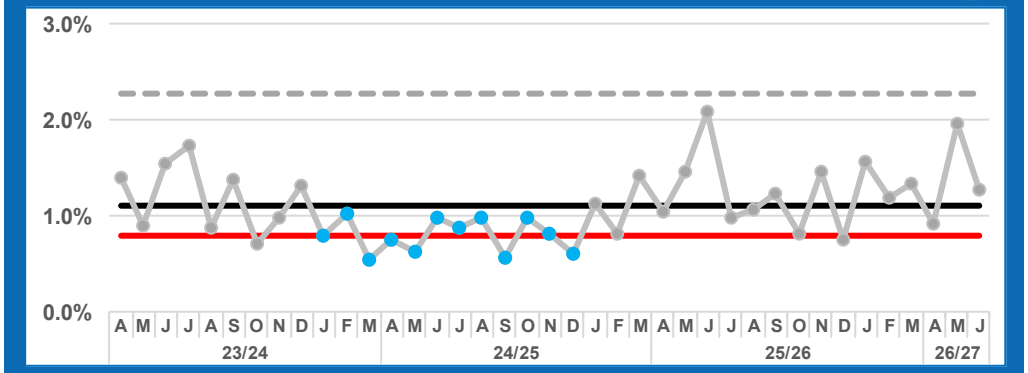
Monitoring Metrics - Failing metrics

18 Week RTT Incomplete Performance



'18 Week RTT Incomplete Performance' is showing 'special cause improvement' however the current process is unlikely to achieve the target. The figure is currently at 84.42%.

Theatre Cancellation Rate (Non-Medical Cancellations)



'Theatre Cancellation Rate (Non-Medical Cancellations)' is showing 'common cause variation' with the current process unlikely to achieve the target. - This is a change from the previous month. The figure is currently at 1.27%.

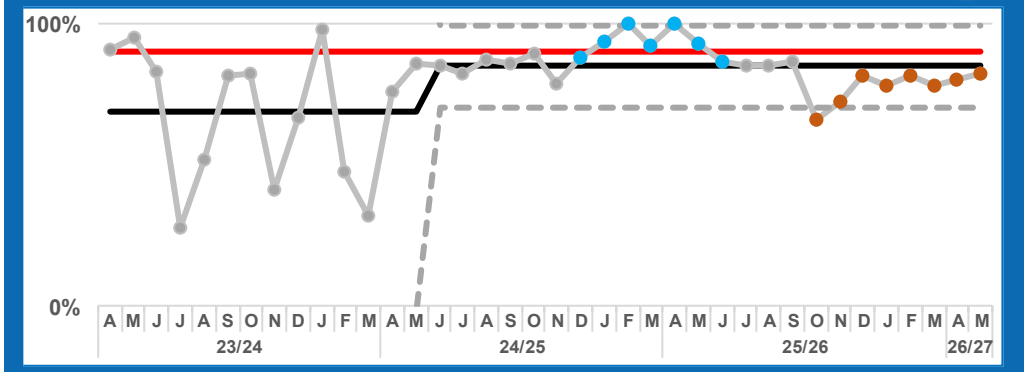
- The data shows that performance against the 18-week referral to treatment (RTT) standard is below plan for June. The Trust is currently validating the position to ensure reported data is accurate. National reporting deadlines have been extended to allow organisations additional time to complete this work. Validation work may result in some movement in the reported position; however, there remains a significant risk that the June target will not be achieved
- During June, performance was affected by a number of operational pressures. Periods of hot weather led to some outpatient and theatre cancellations and contributed to an increase in patients not attending appointments. This reduced the benefit of the additional activity that had been planned to support waiting time improvements. Administrative and management capacity was also affected by the Trust-wide patient letters incident. In addition, the transition of Bedford services has had a greater than anticipated impact on performance due to data quality issues.

Productivity in theatres and cataract services continued to improve during the month, although performance remains below the standards the Trust is aiming to achieve. Improvement programmes are in place to increase the number of patients treated and make best use of available theatre capacity.

Performance Overview

Monitoring Metrics - Failing metrics

Freedom of Information Requests Responded to Within 20 Days



'Freedom of Information Requests Responded to Within 20 Days' is showing 'special cause concern' and that the current process is unlikely to achieve the target. The figure is currently at 82.1%.

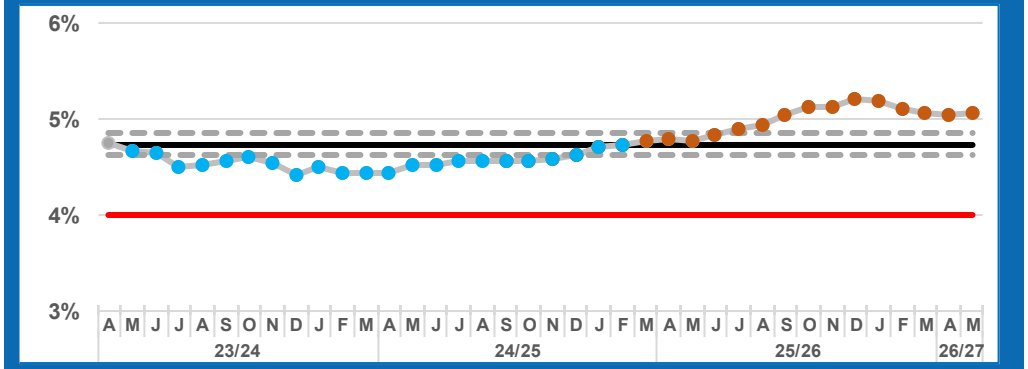
CURRENT: What is the data showing? 82.1%

CONTEXT: What issues/factors help explain the current performance (positive and negative)? A multiple-departmental FOI in the month of June - queries and late responses caused breach.

ACTION: Where performance is showing concern or targets are not being consistently met, what are we doing to improve performance and/or mitigate concerns? Meetings with HR and IT have been held- will meet regularly to discuss outstanding FOIs (including breaches) and this will be extended to other teams as required.

RESPONSE: Who is leading on any actions, and what timescales are they working to? An improvement plan has been created to review all processes and actions will be tracked by the IG team and fed back to senior management where required.

Sickness Absence Rate (Rolling Annual)



'Sickness Absence Rate (Rolling Annual)' is showing 'special cause concern' and that the current process is unlikely to achieve the target. The figure is currently at 5.1%.

The top 3 reasons for sickness currently are: “Anxiety/stress/depression/other psychiatric illness”, “Other musculoskeletal problems and “Cold, Cough, Flu – Influenza”.
The In Month Sickness Rate is 4.87%, which has increased since last month.
The In Month, Short-Term Sickness Rate is 2.33% and Long-Term Sickness Rate is 2.54%.
The hotspot areas for In Month Sickness in March were North Division (7.2%) and City Road (5.9%) and Private Patients (5.6%).

Sickness Absence Policy and Manager training

- The updated policy was published on 12 March
- ER team delivered 7 training sessions for managers in March, April and May
- In addition to this, further bespoke sessions have been delivered to Estates and Facilities, North Division and Private
- 87 managers attended these sessions
- Further sessions will be delivered throughout 2026 (monthly), as bookable training sessions and bespoke sessions delivered to divisions

Access to Services

Secondary Metrics – Referral To Treatment

Moorfields Eye Hospital NHS Foundation Trust

Metric Description	Variation	Assurance	Year to Date	Current Period	Target	Metric Lead	Metric Source	Reporting Frequency
18 Week RTT Incomplete Performance	H	F	84.50%	84.42%	≥85.74%	Jon Spencer	NHS Oversight Framework	Monthly
RTT Incomplete Pathways (RTT Waiting List)	H		n/a	39492	≤ Previous Mth.	Jon Spencer	NHS Operational Planning	Monthly
RTT Incomplete Pathways Over 18 Weeks			n/a	6154	≤ Previous Mth.	Jon Spencer	NHS Operational Planning	Monthly
% 52 Week RTT Incomplete Breaches		P	0.03%	0.04%	≤1%	Jon Spencer	NHS Oversight Framework	Monthly
% of RTT Patients Waiting For a First Appointment	H		89.4%	88.0%	No Target Set	Jon Spencer	NHS Operational Planning	Monthly
Under 18s Elective Waiting List (Monitoring Growth)			11380	4009	No Target Set	Jon Spencer	NHS Oversight Framework	Monthly

Access to Services

Secondary Metrics – A&E, Cancer, Diagnostics & Theatres

Moorfields Eye Hospital NHS Foundation Trust

Metric Description	Variation	Assurance	Year to Date	Current Period	Target	Metric Lead	Metric Source	Reporting Frequency
A&E Four Hour Performance		P	96.0%	95.2%	≥95%	Jon Spencer	NHS Oversight Framework	Monthly
% A&E Waits Over Twelve Hours	L	P	0.0%	0.0%	No Breaches	Jon Spencer	NHS Oversight Framework	Monthly
% Patients With All Cancers Receiving Treatment Within 31 Days of Decision To Treat		P	100.0%	n/a	≥96%	Jon Spencer	Statutory Submission	Monthly (Month in Arrears)
% Patients With All Cancers Treated Within 62 Days	H	P	100.0%	n/a	≥85%	Jon Spencer	NHS Oversight Framework	Monthly (Month in Arrears)
Percentage of Diagnostic waiting times less than 6 weeks		?	97.6%	98.5%	≥99%	Jon Spencer	NHS Oversight Framework	Monthly
Theatre Utilisation (Model Hospital)	H	P	93.8%	92.9%	≥85.0%	Jon Spencer	Insightful Board	Monthly
Theatre Cancellation Rate (Non-Medical Cancellations)		F	1.38%	1.27%	≤0.8%	Jon Spencer	Statutory Submission	Monthly
Number of non-medical cancelled operations not treated within 28 days		?	9	2	Zero Breaches	Jon Spencer	Statutory Submission	Monthly

Access to Services

Secondary Metrics – Call Centre & Outpatient Efficiency

Moorfields Eye Hospital NHS Foundation Trust

Metric Description	Variation	Assurance	Year to Date	Current Period	Target	Metric Lead	Metric Source	Reporting Frequency
Average Call Abandonment Rate			26.0%	33.2%	≤15%	Jon Spencer	Internal Measure	Monthly
% Outpatient Attendances That Were Performed Remotely			6.5%	6.5%	No Target Set	Jon Spencer	Model Hospital	Monthly
% PIFU of Total Outpatient Attendances			0.1%	0.1%	No Target Set	Jon Spencer	NHS Operational Planning	Monthly
Outpatient Cancellation Rate (Hospital cancellations)			3.82%	3.91%	No Target Set	Jon Spencer	Internal Measure	Monthly
Outpatient Rebooking Rate (Hospital cancellations)			7.1%	7.0%	No Target Set	Jon Spencer	Internal Measure	Monthly
Median Outpatient Journey Times - Non Diagnostic Face to Face Appointments			n/a	101	No Target Set	Jon Spencer	Internal Measure	Monthly
Median Outpatient Journey Times - Diagnostic Face to Face Appointments			n/a	33	No Target Set	Jon Spencer	Internal Measure	Monthly

Access to Services

Secondary Metrics – Activity vs. Plan

Moorfields Eye Hospital NHS Foundation Trust

Metric Description	Variation	Assurance	Year to Date	Current Period	Target	Metric Lead	Metric Source	Reporting Frequency
Elective Activity - % of Phased Plan			101.7%	100.4%	≥100%	Jon Spencer	NHS Operational Planning	Monthly
Total Outpatient Activity - % of Phased Plan			95.4%	90.7%	≥100%	Jon Spencer	NHS Operational Planning	Monthly
Outpatient First Appointment Activity - % of Phased Plan			105.2%	100.0%	≥100%	Jon Spencer	NHS Operational Planning	Monthly
Outpatient Follow Up Appointment Activity - % of Phased Plan			92.5%	87.9%	≥100%	Jon Spencer	NHS Operational Planning	Monthly
Injections Activity - % of Phased Plan			98.6%	93.0%	≥100%	Jon Spencer	NHS Operational Planning	Monthly

Patient Safety & Effectiveness and Experience

Secondary Metrics – Incident Reporting, FoI and Infection Control

Moorfields Eye Hospital NHS Foundation Trust

Metric Description	Variation	Assurance	Year to Date	Current Period	Target	Metric Lead	Metric Source	Reporting Frequency
Summary Hospital Mortality Indicator		P	0	0	Zero Cases	Suminthra Naidu	NHS Oversight Framework	Monthly
Occurrence of any Never events		?	3	1	Zero Events	Suminthra Naidu	Statutory Submission	Monthly
National Patient Safety Alerts (NatPSAs) breached		?	n/a	0	Zero Alerts	Suminthra Naidu	Statutory Submission	Monthly
Freedom of Information Requests Responded to Within 20 Days	L	F	81.4%	82.1%	≥90%	Ian Tombleson	Statutory Submission	Monthly (Month in Arrears)
MRSA Bacteraemia Cases		P	0	0	Zero Cases	Suminthra Naidu	NHS Oversight Framework	Monthly
Clostridium Difficile Cases		P	0	0	Zero Cases	Suminthra Naidu	NHS Oversight Framework	Monthly
Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) - Cases		P	0	0	Zero Cases	Suminthra Naidu	NHS Oversight Framework	Monthly

Patient Safety & Effectiveness and Experience

Secondary Metrics – Clinical

Moorfields Eye Hospital NHS Foundation Trust

Metric Description	Variation	Assurance	Year to Date	Current Period	Target	Metric Lead	Metric Source	Reporting Frequency
Mixed Sex Accommodation Breaches		P	0	n/a	Zero Breaches	Suminthra Naidu	Statutory Submission	Monthly
% Discharged on Discharge Ready Date (DRD)	H	P	100.0%	100.0%	No Breaches	Suminthra Naidu	NHS Oversight Framework	Monthly
Average Days Between DRD and Discharge Date	L	P	n/a	0.0	0 Days	Suminthra Naidu	NHS Oversight Framework	Monthly
VTE Risk Assessment		P	99.2%	99.4%	≥95%	Suminthra Naidu	Statutory Submission	Monthly
% Emergency re-admissions within 30 days following an elective or emergency spell			3.7%	4.1%	No Target Set	Louisa Wickham	NHS Oversight Framework	Monthly
Safer Staffing - Inpatient (Overnight) Ward Fill Rate	H	P	104.0%	103.9%	≥90.0%	Suminthra Naidu	Statutory Submission	Monthly

Patient Safety & Effectiveness and Experience

Secondary Metrics – Patient Experience

Moorfields Eye Hospital NHS Foundation Trust

Metric Description	Variation	Assurance	Year to Date	Current Period	Target	Metric Lead	Metric Source	Reporting Frequency
Inpatient Scores from Friends and Family Test - % Response Rate		P	37.8%	38.9%	≥30%	Ian Tombleson	Statutory Submission	Monthly
Outpatient Scores from Friends and Family Test - % Response Rate	L	P	30.3%	30.1%	≥15%	Ian Tombleson	Statutory Submission	Monthly
A&E Scores from Friends and Family Test - % Response Rate	L	P	23.3%	23.6%	≥20%	Ian Tombleson	Statutory Submission	Monthly

People and Workforce & Advancing Eye Care

Secondary Metrics

Metric Description	Variation	Assurance	Year to Date	Current Period	Target	Metric Lead	Metric Source	Reporting Frequency
Sickness Absence Rate (Rolling Annual)			n/a	5.1%	≤4%	Sue Steen	NHS Oversight Framework	Monthly (Month in Arrears)

Metric Description	Variation	Assurance	Year to Date	Current Period	Target	Metric Lead	Metric Source	Reporting Frequency
Average Time Taken to Set Up NIHR Portfolio Clinical Research Studies (90 day component)			104	No data for month	≤90 Days	Viren Jeram	Internal Measure	Monthly (Month in Arrears)

Moorfields Eye Hospital NHS Foundation Trust

Appendix

Guide to Chart Icons

Moorfields Eye Hospital NHS Foundation Trust

Introduction to 'SPC' and Making Data Count

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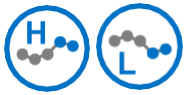	Special cause of **improving** nature or higher pressure due to (H)igher or (L)ower values
	Special cause of showing an **increasing** trend
	Special cause of showing a **decreasing** trend

Assurance	
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	Recent performance or variation indicates consistent **passing** of the target
	Recent performance or variation indicates the target is n**ot consistently met**

Meeting:	Board of Directors
Date:	20 July 2026
Report title:	Governance schedule
Lead executives	N/A
Report Author	Ben Westmancott, Interim Company Secretary
Presented by	N/A
Status	For noting
Link to strategic objectives	N/A

Brief summary of report

The purpose of the governance schedule is to ensure the board notes the register of directors and that there is clarity on committee membership. Similarly, it sets out the governors who make up the Membership Council by constituency.

Action Required/Recommendation.

The board is asked to note the governance schedule.

For Assurance		**For decision**		**For discussion**		**To note**	**X**

Moorfields Eye Hospital NHS Foundation Trust

NHS

GOVERNANCE SCHEDULE

Board Membership

Name	Title	Designation	Current Term of Office ending:
Tim Briggs	Interim Chair	Non-Executive	Awaiting NHSE sign-off
Adrian Morris	Senior Independent Director	Non-Executive	31 March 2027
Aaron Rajan		Non-Executive	28 February 2027
Asif Bhatti		Non-Executive	22 May 2028
Andrew Dick		Non-Executive	30 September 2026
Elena Lokteva		Non-Executive	31 December 2028
Ken Batty		Non-Executive	29 June 2029
Michael Marsh		Non-Executive	3 November 2028
Tracey McNeill		Non-Executive	28 February 2027
David Hills		Associate Non-Executive	31 December 2027
Peter Ridley	Chief Executive Officer & AO	Executive - voting	N/A
Jon Spencer	Chief Operating Officer	Executive - voting	N/A
Louisa Wickham	Chief Medical Officer	Executive - voting	N/A
Simmi Naidu	Chief Nurse & Director of AHPs	Executive - voting	N/A
Sue Steen	Chief People Officer	Executive - voting	N/A
Arthur Vaughan	Chief Finance Officer	Executive - voting	N/A
Vacant position	*Director of Research & Discovery*	Executive	N/A
Elena Bechberger	Director of Strategy & Partnerships	In attendance	N/A
Victoria Moore	Director of Transformation & Performance Improvement	In attendance	N/A

Updated: 27 July 2026

Moorfields Eye Hospital NHS Foundation Trust

NHS

Committee Membership

Audit & Risk	Asif Bhatti (Chair) Elena Lokteva Michael Marsh
Discovery & Commercial	Tracey McNeill (Chair) Andrew Dick Adrian Morris Ken Batty Director of Research & Discovery Chief Medical Officer Chief Executive Chief Finance Officer Director of Strategy & Partnerships
Finance & Performance	Elena Lokteva (Chair) Asif Bhatti David Hills Tracey McNeill Chief Finance Officer Chief Operating Officer
Major Projects & Digital	David Hills & Aaron Rajan (Co-chairs) Adrian Morris Asif Bhatti Tracey McNeill Chief Finance Officer Chief Operating Officer Director of Strategy & Partnerships Chief Information Officer Director of Estates, Capital & Major Projects
People & Culture	Ken Batty (Chair) Aaron Rajan David Hills Michael Marsh Chief People Officer Chief Nurse & Director of AHPs Chief Medical Officer Chief Operating Officer Director of Education
Quality & Safety	Michael Marsh (Chair) Andrew Dick Ken Batty Elena Lokteva Chief Nurse & Director of AHPs Chief Medical Officer Chief Executive Chief Operating Officer
Remuneration & Nominations	Tim Brigss (Chair) Adrian Morris Aaron Rajan Asif Bhatti Elena Lokteva Ken Batty Michael Marsh Tracey McNeill

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Council of Governors

Name	Designation	Constituency	Current Term of Office ending:
Rob Jones	Lead governor / patient governor	Patient	31 March 2027
Allan MacCarthy	Vice chair / public governor	South East London	31 March 2028
Amit Arora	Staff governor	City Road	31 March 2027
Vijay Arora	Public governor	North West London	31 March 2027
Emily Brothers	Patient governor	Patient	31 March 2029
Margaret Connor	Public governor	Beds & Herts	31 March 2028
Sean Cooke	Public governor	North East London & Essex	31 March 2027
Robert Goldstein	Public governor	North Central London	31 March 2027
Ian Humphreys	Nominated governor – Partnership	College of Optometrist	Ongoing
Kimberley Jackson	Public governor	South West London	31 March 2028
Yasir Khan	Staff governor	Network sites	31 March 2027
Paul Murphy	Public governor	North Central London	31 March 2027
Junia Rahman	Staff governor	City Road	31 March 2029
John Russell	Public governor	North East London & Essex	31 March 2028
Ursula Smartt	Patient governor	Patient	31 March 2027
Stephen Edmonson	Nominated governor – Partnership	Royal National Institute of Blind People	Ongoing
Dinesh Solanki	Public governor	North West London	31 March 2027
Naga Subramanian	Public governor	North East Lonfon	31 March 2027
Emmanual Zurdis	Public governor	South West London	31 March 2028
VACANT	*Public governor*	*Beds & Herts*	
VACANT	*Staff governor*	*Network sites*	
VACANT	*Nominated* governor – *Partnership*	*London borough of Islington*	

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Council of Governors sub committees and groups

Non-executive Nominations & Remuneration Committee	**Kimberley Jackson (Chair)** Allan MacCarthy Amit Arora (staff governor) Robert Goldstein Stephen Edmonson (appointed governor) Emmanual Zurdis *VACANY*
Members and Patient Engagement Group	**Emily Brothers (Chair)** Ian Humphreys John Russell Paul Murphy Stephen Edmonson Vijay Arora
Governance Development Group	**Ian Humphreys (Chair)** Allan MacCarthy Emily Brothers Kimberley Jackson Paul Murphy Rob Jones *VACANY*
Review Group	**Rob Jones (Chair)** Allan MacCarty Emily Brothers Ian Humphreys Rob Jones Paul Murphy Robert Goldstein

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